

Breakthrough

The Miracle Mineral Supplement
of the 21st Century

Part 1
2nd Edition



The Chlorine Dioxide Ion

In the human body this ion is the most powerful
killer of disease that has ever been known

The Answer to AIDS, herpes,
hepatitis, tuberculosis and
dozens of other diseases is
inside of this cover. More
than 75,000 treated so far.



Meet Taz Mania, killer
extra ordinaire of
disease pathogens
page 3-7

Save your life or that of your
loved ones.

The Miracle Mineral Supplement of the 21st Century

Part 1

Jim V. Humble

2nd Edition

Note: Most web-links herein have fallen obsolete.
New link addresses are maintained and updated on
the web-site where this book was found. 1/4/2008

What this Book is About

I hope you do not think that this book tells about just another very interesting supplement that can help some people after taking it for several months. Not so. This Miracle Mineral supplement works in a few hours. The #1 killer of mankind in the world today is malaria, a disease that is usually overcome by this supplement in only four hours in most cases. This has been proven through clinical trials in Malawi, a country in eastern Africa. In killing the malaria parasite in the body, there was not a single failure. More than 75,000 malaria victims have taken the Miracle Mineral Supplement and are now back to work and living productive lives.

After taking the Miracle Mineral Supplement AIDS patients are often disease free in three days and other diseases and conditions simply disappear. If patients in the nearest hospital were treated with this Miracle supplement, over 50% of them would be back home within a week.

For more than 100 years clinics and hospitals have used the active ingredients in this supplement to sterilize hospital floors, tables, equipment, and other items. Now this same powerful germ-killer can be harnessed by the immune system to safely kill pathogens in the human body.

Amazing as it might seem, when used correctly, the immune system can use this killer to only attack those germs, bacteria and viruses that are harmful to the body, and does not affect the friendly bacteria in the body nor any of the healthy cells. In this book I have, to the best of my ability, stuck to the facts of exactly what has happened regarding the Miracle Mineral Supplement.

This book is the story of the discovery and further development of the most amazing enhancement for the immune system yet discovered. Thus it is the greatest solution to mankind's diseases and ills now known; it is not a drug. I believe if you follow my efforts to develop this data and to make it available to the public, the story will help make it real to you and convince you to give it a try. To that

purpose I have provided complete details on how to make the supplement in your kitchen, or to buy most of the ingredients off the shelf. It is entirely possible that you will save someone's life, or your own.

Because the Miracle Mineral Supplement functions as a supercharger to the immune system, it is not meant for treatment of any particular disease, but rather it is meant to improve the immune system to the point of overcoming many diseases, frequently in less than 24 hours.

My purpose for writing this book is that this information is far too important to allow any one person or one group or even several groups to have control. It is information that the world should have. After 5 years of seeing practically nothing done by a group that could have done a great deal, I finally realized that the information simply had to be distributed to as many people as possible or someone would always be out of the loop of receiving this life saving data. It regularly occurs that there is a great deal of important medical information withheld from the public that could save lives. It is my intention to prevent that from happening with this information.

Forward

This Forward is written by Dr. Hector Francisco Remero G. who is a Medical doctor in the state of Sonora, Mexico where he has a very successful clinic that treats cancer and many other what are considered incurable diseases. He uses the MMS talked about in this book and a number of other non intrusive treatments. He is well know in Sonora for the work that he has done with the Mexican Indians. Dr. Romero makes me look much greater than I am, but then how could I refuse his Forward.

Dr. Romero writes: A dear good old friend of mine and respectful philosopher teacher impeller of man of good temper in this desert state of Sonora Mexico used to say: "Those men who live "the University of Life," would leave footprints in this world."

Not just anyone builds up and writes with his own ideas "a book." This is the same case with my friend Jim Humble. A Challenger, a world walker, an anxious person, who has fought all his life to leave footprints with his contributions of investigation to man humanity. He has covered miles and miles of kilometers as his investigation has shown in this book, suffering infectious illness of Malaria; an illness which put his life at risk, demonstrating to medical science that it is possible to count with new alternatives treatments. It will give a better quality of life to those sick ones from endemics zones, as Jim says, in latitudes like in the region of Africa, Asia, and South Africa. In these places there is a lot of mortality due to malaria and other virus infections such as the HIV, causing the death statistics to be very considerable and is higher compared to other places in the world.

His product was investigated and well recognized by the health authorities in an African country. With the MMS, he offers them better hopes and quality of life. Especially, those who have the threats of these man destructive illnesses. Our experience in Mexico with the MMS, in the state of Sonora has been to treat some illnesses that are contagious febrile infections, inflammatory degenerative tumors, prostate cancer, and some other malignant tumors, with good and hopefully results.

For all of these I pray to god so he can have a great intelligence so he continues helping those towns of the world that have no hope and are forgotten, specially the children that deserve our attention for a life, and a better future.

For further information concerning Dr. Romero's Cancer clinic please dial the following numbers:

From the US dial: 011 52 662 242-0422 This is a Mexican number.

Also from the US dial 1-937 558-5703 This is a US number but rings in Mexico

Copyright notice

The Miracle Mineral Supplement of the 21st Century - Part I and II

Author Jim V. Humble

Copyright © 2006 Jim V. Humble Quotations up to one full page may be used when the Author is given credit. Other copies, even full copies may be used under certain conditions. Please contact the Author for further information.

Possible Cancellation of Copyright: In the event of the death of the Author for any reason, or the detention of the Author for any reason for more than 60 days during any 6 month period, or if the Author is missing for a period of more than 60 days after being reported as missing to a police station in the State of Nevada the Copyright 2006 by the Author, Jim V. Humble, is cancelled and this book becomes public domain.

In addition, the Author grants permission to any person, or group, or entity to distribute this book free or for profit throughout the world should any of the conditions mentioned in the above paragraph come about.

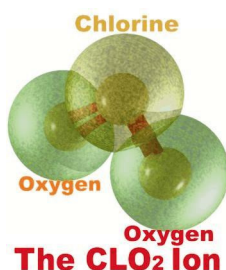
Author's email address is jim@jimhumble.com. Only emails with the subject of "Stories of Success" will get past the Server's spam filter. All emails that pass the spam filter will be read. If you want to communicate for some reason, use "Stories of Success" in the subject area of the email.

Please suggest this book to your friends. There is a simple automatic service that you can use to send information concerning this book to

your friends. Go to www.miraclemineral.com/ and click on the “Automatic Email to Friends” button.

ISBN – 13: 978 – 0 – 9792884 – 4 – 9

ISBN – 10: 0 – 9792884 – 4 – 4



Acknowledgements

Thanks to Bill Boynton of Mina, Nevada for his help with the chemistry of chlorine dioxide.
Thanks to Clara Tate of Hawthorne, Nevada for her help and inspiration with ideas, suggestions and English.

Table of Contents

Copyright Notice	Page 1
What this book is about	Page 3
Foreword written by Dr. Romero	Page 5
Chapter 1. The Discovery	Page 1 – 1
The story of the trip into the jungle where the workers caught malaria and the resulting discovery of the basic cure for malaria.	
Chapter 2. Further Development of the MMS	Page 2 – 1
Tells how Africans in Tanzania helped further develop the Miracle Mineral Supplement (MMS) over the Internet using email communication.	
Chapter 3. Stabilized Oxygen, MMS, and a Contract	Page 3 – 1
Tells about the contract that didn't work and begins to give technical details of the MMS. There is a technical explanation for Stabilized Oxygen.	
Chapter 4. Dr. Moses Flomo Sr. an Africa Herb Doctor	Page 4 – 1
With permission from the government of Guinea in West Africa, Dr. Flomo sets up shop and is eventually responsible for curing over 2000 cases of malaria.	
Chapter 5. Kenya East Africa	Page 5 – 1
The author travels to a Mission in Kenya where he treats over 1000 cases	

of malaria and many other diseases.

Chapter 6. Uganda East Africa ----- Page 6 – 1

More than 500 patients are treated for malaria and other diseases in the Life Link Medical Clinic that is part of a Mission there.

Chapter 7. Continuing Story of the MMS ----- Page 7 – 1

The Author deals with the World Health Organization, and Chino travels to Sierra Leone to treat friends and neighbors of his family.

Chapter 8. Malawi East Africa ----- Page 8 - 1

The Author as part of the Malaria solution Foundation conducts successful clinical trials concerning malaria in prison.

Chapter 9. Understanding the MMS ----- Page 9 – 1

An explanation of how and why the MMS works. The Malawi government conducts a successful clinical trial using the MMS to cure malaria. Some information is given about the FDA.



Chapter 1

The Discovery

The phone was ringing at the other end of the house. It was a long narrow house and there was furniture to get around and a hallway to get through, but in spite of the obstacle course I made it. Bill Denicolo, an old friend, in Chicago was calling. We talked and he asked, “Jim, are you any good at prospecting for gold?”

I was never too modest, so I told him the truth (my truth). “Yes,” I said, “I am amongst the best, if not the best.” That was enough for him. He was a friend, and being already familiar with my work in mining, he believed me. He continued, “I’m working with a group that wants to do gold mining in the jungle in South America. We need your help and we are paying the going rate, plus you get a share of the profits.”

That was it. I agreed to leave in approximately one month. They were willing to use my gold recovery technology. This would require that I ship equipment ahead. It took the entire month to get things ready and to ready myself for the jungle. The most important thing that I took, that relates to this story, was several bottles of Stabilized Oxygen (Please don’t get the idea that Stabilized Oxygen is the miracle solution that I am writing about in this book.) All water in the jungle is dangerous to drink. In North America, water from fast-moving streams is usually quite safe to drink, but in the jungle it doesn’t matter how fast the stream is moving, it is not safe to drink. In fact, one can almost always guarantee that one or more dangerous diseases are present. Despite that knowledge, I did end up drinking from a fast-moving stream while in the jungle, and I did develop typhoid fever.

See Chapter 8, page 15 for data on obtaining MMS.

A number of people had mentioned to me that the oxygen in Stabilized Oxygen would purify water by killing the pathogens present, especially if the water was left setting overnight. I had once sent a single test off to a laboratory after treating some sewerage water with Stabilized Oxygen and the results had come back showing all pathogens dead. I was relatively confident that I could purify my drinking water in the jungle.

I had actually worked with Stabilized Oxygen for some time. A friend of mine that lived a little way outside of Las Vegas used it quite a bit with his animals. He gave it to his chickens in their water to keep them healthy and he used it with his dogs. He even injected it into his dog's veins once when it was sick and his dog was cured in several hours. I often dropped by his home to see how things were going.

Bill Denicolo sent a contract to my house in Las Vegas, Nevada, where I had retired from gold mining. The contract was quite generous. I was to be paid a reasonable salary, and I would have 20% ownership in the operation, provided I located gold in the jungle. I signed a copy of the contract and sent it off, and received an airplane ticket in return. I was 64 years old but in top condition and I would have no trouble navigating in the jungle.

The country was Guyana. The name had been changed a few years earlier from British Guyana to simply Guyana. Guyana is the country just south of Venezuela on the east coast of South America. You probably remember it from the story of Jim Jones and his cult. The entire cult committed suicide at one point or actually a few committed suicide after killing the children and many of the other adults with cyanide. Only a few survived.

I arrived in Guyana on a normal day while it was raining, about midyear of 1996. I was met by several local people who would be part of the mining operation and they led me through the lines at the airport with no waiting. We drove about 30 miles to Georgetown,

See Chapter 8, page 15 for data on obtaining MMS.

Guyana's largest city which is also the Capitol. I was taken to a local house where I was to stay until we departed for the interior, where we would prospect Guyana's greatest rain forest and jungle.

At the house I met Mike, a local who owned the claims to a very large portion of the jungle, would be one of the partners. Joel Kane, who lives in the eastern part of the U.S., was also one of the partners listed on the contract I signed. He was to arrive within two weeks before we departed for the jungle. There was one other partner, who was also supposed to arrive soon, but probably after we departed for the jungle. His name was Beta and he was related to a high official in the government. The high official's name was Moses Nagamotoo, and he was the First Minister directly under the Prime Minister. (Beta's real name was Satkumar Hemraj, but he preferred the name of Beta.)

Beta was not present, but because he was our partner I was invited to the First Minister's, (Moses Nagamotoo) house for dinner the second evening that I was there. While at his house the First Minister complained of his back problem that was almost preventing him from doing his job in the government. I explained to him that I sometimes adjusted people's necks and I might be able to help his back. So after dinner he allowed me to adjust his neck, which I did very delicately, making sure that I did not jerk or hurt him. Within minutes his back problem began to subside. We were all amazed and soon he was walking quite easily around the house.

The next day one of the servants called me and asked if I would adjust Mose's daughter's neck, as she was having bad back problems as well. I agreed over the phone, so they picked me up for dinner that night which was the third evening I was there and after dinner I adjusted her neck. Her name was Angela. He had another daughter named Adila, but she did not have a problem. Angela, as amazing as it may sound, was soon walking easily and her back problem seemed to disappear. I did not always have such spectacular results, but sometimes it did happen. I was very glad that I had taken the time to learn to adjust necks. Making such a powerful friend as Moses

See Chapter 8, page 15 for data on obtaining MMS.

Nagamotoo was important. I did not realize how important it was at the time, but no doubt it kept me from spending time in prison at a later date.

For the record and future researchers, Sam Hinds was the Prime Minister. Jim Punwasee was the Minister of Mines whom we often went to see and occasionally visited in his home.

The government had a gold laboratory where they bought gold from local miners. The problem was that all gold that came in was completely covered with mercury. They put the gold under a hood and used a blow torch to burn off the mercury before weighing the gold. Well, as everyone knows, mercury fumes are extremely poisonous. Those fumes were going up the exhaust stack and out into the government courtyard and into the government complex area. Many people had complained of this practice and when they gave me a tour of their gold facilities this was mentioned. I offered to design a simple fume scrubber and they took me up on my offer. They had very little money for such refinements, so I designed the scrubber from two 55 gallon barrels. It just so happened that I had several thousand ping pong balls stored in a warehouse in Las Vegas. I had them shipped to Guyana to be used in the scrubber. By the time the balls arrived, I was in the jungle, but they simply poured the ping pong balls into the barrel designed to use them, turned on the water spray, and it was working when I returned. It did the job.

As luck had it, with the mercury scrubber, and helping the first Minister and his daughter I hit it off very well with a few officials in the government there. I had a friend that wanted to move from Russia to Guyana and I mentioned this to the Minister of mining and a couple of days later I got a call from the Minister of Immigration saying that I could call my friend and tell him to visit the Guyana Consulate in Moscow. He said there were papers waiting for my friend there that would allow him to immigrate to Guyana. So you can see I really did have a little bit of pull. I mention this merely to illustrate my good luck.

See Chapter 8, page 15 for data on obtaining MMS.

In our first expedition into the jungle we would be taking eight men who would carry the supplies and set up camp as we reached various locations. Our workers were called droggers. These men were hired by Mike and they arrived at the house about a week ahead of time to begin putting supplies and equipment together. One of the droggers was the foreman and the others, of course, were workers.

Finally the time for our expedition arrived and neither Joel nor Beta had arrived, but we couldn't wait. The men only made \$6.00 a day (U.S. money), but that still cost to keep them around and we wanted to get things done. So the final crew consisted of me, Mike the landholder, and the eight droggers.

The trip into the interior took about two days. First there was about an hour's ride from Georgetown to the town of Parika on the Mazaruni Cuyuni River. We loaded our supplies onto a large truck and four taxies. We arrived at Parika at about 9:00 a.m. and loaded our supplies onto several large speed boats. The river at this point is more than five miles wide. Should you decide to do your own research on this part of the story, you will find that the next leg of the journey took us about four hours at what can be called high speed on that river.

We finally arrived at our next destination, the town of Bartica, which is considered the gateway to the interior of the country of Guyana. There we bought mostly food supplies. There are a number of food stores constructed like warehouses which mostly supply excursions into the interior. Our buyer bought mostly beans and rice. Normally, they buy only rice for such trips, but because I was there, they added several sacks of beans. On other trips I was able to get them to buy more variety of groceries.

We then loaded all supplies into several boats and crossed the river to a port on the other side about one mile away where we transferred our supplies and equipment into two very large trucks. The trucks

See Chapter 8, page 15 for data on obtaining MMS.

had wheels that were more than six feet in diameter for driving through the roads consisting mainly of mud there in the jungle. Even those big wheels could not go where there were no roads. The supplies were tied down securely and most of the men then elected to walk on a somewhat shorter route to the next jump-off point into the jungle. I soon learned why they preferred to walk. The road was so rough and the trucks bounced so badly that it took constant attention to just hold on. There was no sleeping during the five hours that the trucks took to arrive at the final jump-off point on the last river leg of our journey.

We arrived after dark as it always gets dark at 6:00 p.m. and gets light at 6:00 a.m. in the jungle near the equator. We slept wherever we could that night. I slept on a bench outside of the small store there. The next morning we again loaded all of our supplies in boats and continued up what was now the Cuyuni branch of the river. Boats in this river are usually loaded to the gills, as the saying goes. The sides of these boats were less than four inches above the water. It wouldn't require a very large wave to come over the side one time and the boat, loaded as it was, would sink to the bottom. However, it just happens that there are almost never any large waves in these rivers. No storms ever happen in the jungle. It rains terribly hard, but very little wind accompanies the rain and so storms simply do not occur. In fact, there are no natural disasters in this area of the world, i.e. there are no storms, no hurricanes, no forest fires, or earth quakes.

We traveled upriver for about four hours and arrived where the real last jump-off point actually was. After we unloaded the boats and they pulled away, the men began loading themselves with supplies. The droggers carried their loads against their backs, but the weight was on their heads. A strap went around the top of their heads and down to the pack against their back. They claimed that this was the least tiring of any method of carrying loads. They carried loads of up to 80 pounds through the jungle and mountains. It was now about 10:30 a.m. We would have to travel up over a jungle mountain to the other side. Well we called it a mountain, but hills are not

See Chapter 8, page 15 for data on obtaining MMS.

considered mountains in that area until they are 1,000 feet high. This hill was 997 feet high, and by the time we had climbed to the top, we were certain it was a mountain.

The mountain was totally covered with jungle. In this area, where the humidity is 100%, and sometimes even 110%, it does not matter if it rains or not. One is very soon soaking wet as the perspiration cannot evaporate. All clothes are soaked. Those who bring leather boots will have boots full of water, because either the rain or the sweat will soon fill them. Keeping an eye on what the locals wear, I wore only tennis shoes. Boots offer some protection from snakes, but they become almost impossible to use after a short time because they are soon filled with perspiration. I decided to just be extra careful in watching for snakes.

Some of the men had to make several trips over the mountain in order to get all of our supplies to the other side. It took almost two complete days of travel to arrive at our campsite. This gives you an idea of how far out in the jungle we were. Several days later when two of our men came down with malaria, we were plenty worried. We had been assured that there was no malaria in this area of the jungle and we had not thought to bring malaria medicine along with us. I immediately sent two men running to the closest mining camp hoping that they might have malaria drugs. That would take at least two days, and if they had no malaria medicine it would be at least six days before the men returned. We simply had to accept those facts because it was the best we could do.

We might have tried calling a helicopter, but we didn't have a radio. Radios don't work in the jungle anyway, except for very short distances. Considering all of the data that I had learned about Stabilized Oxygen, it seemed to me, knowing it killed pathogens in water, that it might cure malaria. I sat down with the men who had malaria and asked them if they would be interested in trying this "health drink" from America. They were very sick and suffering. They laid in their hammocks shivering from the chills, and at the

See Chapter 8, page 15 for data on obtaining MMS.

same time with high fever. Their symptoms included headaches, aching muscles and joints, nausea, diarrhea, and vomiting. They were willing to try anything and they said so.

I gave them both a healthy dose of the stabilized oxygen in some water and they drank it straight down. I thought, that's all I can do for now; we'll just have to wait for the runners to return. In one hour the shivering had stopped. That didn't mean much as the shivering comes and goes, but they looked a little better. Four hours later they were setting up kidding about how bad they had been feeling. They got up out of their bunks and sat down at the table to eat dinner that evening. The next morning two more men had come down with malaria. They took the same doses of Stabilized Oxygen and they were feeling okay by noon. We all were amazed. (This is not the whole story, and Stabilized Oxygen does not work all the time.)

I continued with the gold prospecting. I had developed a method of assaying for gold (that means to determine the amount of gold that is present) that was quite simple. I was able to conduct assays myself instead of having to send my assays off to a lab somewhere and wait a couple of weeks for the answer. Soon I had located some gold deposits and we began planning to put up a gold mill in the jungle. This is not a story about gold, so to make a long story short, while putting up a gold mill and doing further gold prospecting, I did quite a bit of traveling in the jungle. Wherever I went, I treated people for malaria (and sometimes typhoid fever). Although the Stabilized Oxygen worked only about 70% of the time, it was enough to make me quite famous in the jungle.

On the way back to town during that first trip into the jungle, we reached a mining operation that was shut down for vacation. There were a number of men who were merely waiting for the mill to start up again. One of the men was sitting at a table looking very sick. I asked him what was wrong and he said that he was waiting for a boat to pick him up. He said he had typhoid fever and malaria at the same time. I mentioned my Stabilized Oxygen which I merely called

See Chapter 8, page 15 for data on obtaining MMS.

a health drink and he said he would try it. On my return from town he came running out to meet me. He grabbed my hand and pumped it up and down. He told me that he had gotten better within hours after I left and he didn't have to go into town after all. I left him with a small bottle of drops, as I had done in other places in the jungle.

There were a number of good stories like that one, but unfortunately at that time there were a lot of people it did not help. Still, it was a treatment that got much better results than the malaria medicines used there. People in malaria areas cannot afford to take the malaria preventive medicines as side effects always develop after a time. Visitors can usually only afford to take malaria medicines for a short period. Thus, the locals never take the malaria preventative medicines. They have to depend upon being cured by the standard malaria medicines after they contract malaria, and unfortunately malaria has developed a resistance to those medicines. Visitors can only afford to take malaria medicines for a short period. As it turned out, several of my associates were hospitalized as a result of the malaria preventive medicines.

I visited a missionary clinic near one of the mining villages in the jungle. They had, as I remember, four beds. I offered the "health drink" to them, but they said to me that malaria was a disease visited upon the people of the jungle because of their sinful sex practices and that they did not believe that God wanted them to have a cure for malaria. There was nothing I could do to change their minds. I felt terrible to see those people suffering, but I had to leave. I won't mention the religion involved as I feel that they must have changed their mind about helping malaria victims by this time.

Back in Georgetown I telephoned a friend, Bob Tate, about the Stabilized Oxygen curing malaria. He immediately flew to Guyana. We discussed it and decided to see if we could sell the Stabilized Oxygen in Guyana. We put an ad in the local paper stating that our solution cured malaria. That was a mistake. Immediately the local television station sent reporters over to our place and we were on TV

See Chapter 8, page 15 for data on obtaining MMS.

telling about our solution. Then the radio and newspaper reporters arrived. We were famous for about three days. Then the government dropped a bomb on us. The minister of health called us in for an interview. She told us that if we sold our solution to one more person that we would be in their prison and that we wouldn't like their prison. I had seen the prison and I knew that she was right.

I talked to my friend, the First Minister, Moses Nagamotoo, one evening and he explained to me that two drug companies had called the Minister of Health and threatened to quit shipping drugs to the local hospital if she didn't do something about the person claiming to be able to cure malaria. He explained that there was nothing his government could do at this time to help me, but he mentioned that he suggested to the Minister of Health that she give me some latitude.

At that point I made an even bigger mistake. Although we removed our ad from the newspaper, I continued to sell the solution to more people who needed it. My partner, Bob Tate, had already gone home, but I was still planning to do gold mining in the jungle. We were just about ready with our mining supplies when I got word that they were going to charge me with a crime and that it would be better if I were gone or were somewhere else. I found that people in Georgetown are more afraid of the jungle than are people from Las Vegas. They seldom chase people in the jungle. I immediately made the trip up the river and the supplies followed me a few days later.

This is the basic story of the discovery that Stabilized Oxygen sometimes cures malaria, however, that is only the beginning of my story. I did not consider it a Miracle supplement, yet. I stayed upriver for slightly over six months working on the gold recovery mill. That part of the operation I financed myself because Joel Kane was very slow in arriving and never provided additional money. When he finally arrived, after he saw some of the gold that my mill was recovering, he wanted complete ownership, and offered me 3% instead of the 20% in the contract. When I did not agree, he had Mike the owner of the land and the droggers that Mike had hired, tear

See Chapter 8, page 15 for data on obtaining MMS.

down my working mill and carry it off into the jungle. I know that's what he did, because he told me so. According to the contract, if he did not use my technology he did not need to give me 20%. The problem for him was, that the new technology that Mike, the landowner, implemented didn't work. Thus not only did I lose my investment but he lost his as well. He was a millionaire and really didn't care, but it was a little tougher on me.

When I came back to town after those six months, all the Health Ministry problems had blown over and I left for the USA. I lost my investment money, but I had the knowledge of what the Stabilized Oxygen could do and it was very exciting. I no longer cared about the gold. I couldn't wait to get home to begin a testing program to find out why the Stabilized Oxygen only worked part of the time.

I went back to Guyana a couple months later when another company hired me to help them improve their recovery of gold. I was still working with the Stabilized Oxygen. One night I was careless and allowed myself to be bitten hundreds of times by mosquitoes. It really wasn't planned, but when the mosquitoes started biting, I just let them bite. Several days later I began to develop malaria. The very first symptom is just that you have light indigestion at a meal. It's not very pronounced, only a slight feeling of nausea that passes in about 15 minutes. You don't feel the real nausea until the next day. Since I did get sick, I decided that I might as well check out my own medicine. So I decided to wait until I got a blood test at the hospital in Georgetown before starting any treatment. That was almost a fatal mistake. The bus that runs from that part of the jungle to Georgetown did not come and I know that almost always people who wait too long for treatment end up dead. I waited a couple of days for the bus, but it didn't arrive and I was getting very sick. Still, I wanted to make absolutely certain, with a blood test, that I had malaria. I was going home soon and I would not have any chance to do further testing of this kind in the US.

See Chapter 8, page 15 for data on obtaining MMS.

I didn't tell anyone I was performing a test on myself. My employers, seeing how sick I was, felt responsible for getting me back to town. So when I agreed to pay for part of the cost for an airplane to pick me up, they agreed instantly. In that part of the jungle they do have a radio and a nearby landing strip. The plane finally came the next day (now my fourth day of being sick). I rode a bicycle to the landing strip. By this time I was very sick. When I arrived in Georgetown, they put me in a taxi and took me straight to the hospital.

At the hospital I waited several hours for a blood test. I was definitely showing the malaria symptoms. The doctor told me that my blood tested positive for malaria. I was an outpatient, so he just gave me a small bottle of malaria pills. Of course, I did not take the pills; instead I took a large dose of my own medicine. Within hours I was feeling better. It worked for me. To top it off, I went back to the hospital and had another blood test taken that now showed negative for malaria. I was elated! I was the first patient to have a blood test both before and after taking the Stabilized Oxygen. I believed I had discovered a cure for malaria.

I planned to leave Guyana right after I tested negative for malaria. I was riding my Honda motorcycle that I bought when I first arrived in Guyana around the city. As I rode along the street I met an old friend from Canada who was there to do some diamond mining. I stopped and we shook hands and sat down at a sidewalk café to talk. As we were talking, he noticed a friend shuffling along the street. He called out and the friend came over. We were introduced and he was invited to sit down. He looked very tired and just a little sick. I asked him what was wrong and he said malaria. He said that the drugs that the hospital was giving him didn't seem to be helping much. I said, "Well, you just happened to come to the right place."

I explained what I had just found out about curing malaria and said, "If you will wait just several minutes I will ride home and get you some solution to take." He agreed to wait. When I returned, I mixed a drink and gave it to him in a glass furnished by the sidewalk café

See Chapter 8, page 15 for data on obtaining MMS.

and gave it to him to drink. We continued to talk. After about half an hour he said, “You know, I feel a little bit better. It must be my imagination.” All in all, we sat there about two hours after he took the solution. In that small amount of time all of his symptoms were gone. I gave him a small bottle of the solution, and later that night he came to where I was staying and got another bottle from me.

My plans at that time were to complete the research and then turn the information over to the world. I was sure I could get it out to the world one way or another.

See Chapter 8, page 15 for data on obtaining MMS.



Chapter 2

Further Development of the MMS

I arrived back in the USA in the last part of 1997 and moved to Walker Lake, Nevada where my partner, Bob Tate, had moved my portable laboratories. The plan was to set up and manufacture my own special mining equipment in order to make a living while also investigating the Stabilized Oxygen that I had used in the jungle. Unfortunately, during my exchange of Guyana money for American money before departing Guyana, a large sum of money was stolen from me as I had no experience with the money system there. Therefore, our funds for investing in the mining equipment manufacturing business were very limited. I sold my 40 foot ocean going houseboat for a small sum, which helped a lot.

We worked our mining equipment business for about a year but then Bob began to develop the terrible illness known as Lou Gehrig's disease and was unable to do much work. The sales of the equipment began to falter for many reasons. The magazine in which we advertised made a big mistake with our advertising and then refused to give us credit for the mistake, which cost us thousands. Eventually I ended up living on my Social Security income. However, at times I did get to do an assay or two, which helped.

With my son's help furnishing me with a computer and using the Internet, I began writing to various pen pals in Africa. Finally, I made friends with a man in Tanzania who took people on safaris to the Mount Kilimanjaro. His name was Moses Augustino. I realized that he was mainly interested in making friends with people in America because he hoped to come upon some kind of an opportunity. Had I been in his shoes I might have done the same thing. He soon asked me for \$40. I realized that to him \$40 was a lot of money, and actually at that time, \$40 was quite a bit to me as well. But since I wanted him to try the Stabilized Oxygen on some malaria cases in

See Chapter 8, page 15 for data on obtaining MMS..

Tanzania, I sent him the \$40.

The \$40 paid off as he began to give my solution to malaria victims that he knew in his area, according to my instructions. Soon people were getting well fast, but again not everyone. He had a doctor friend, whom he told about the Stabilized Oxygen (at that time we called it the Humble Health Drink). I sent his doctor friend two bottles and I received an email back from the doctor saying that he couldn't see how salty water would help a malaria case. I emailed him back and said, "Just try it and you will see." Well, the fact is he did try it and he was amazed. He began to treat all of his malaria patients with the solution. The problem was, there wasn't much malaria in this particular area. If there had of been as much there as there was in the South of Tanzania, he would have treated hundreds of people, and it might have been a different story, but he only got a few cases of malaria each week. I thought you might like to see the two letters that they sent to me at my request. They are included on the next two pages.

See Chapter 8, page 15 for data on obtaining MMS..

**FURAHA DISPENSARY,
P.O.Box 11293,
Arusha-Tanzania,
EAST AFRICA.**

TO WHOM IT MAY CONCERN,

I'm working as a Clinician, I own a small dispensary in Arusha town, this town is situated northern part of Tanzania, this is the biggest country in East Africa after Kenya and Uganda.

I have been working in this field for 7 years now.

One of my usual responsibilities is to provide medical care to patients who come to my office for seeking medical advice and examination.

Most of the patients who come often in my office always suffer from Malaria and Water-borne diseases e.g. Typhoid, Bacillary Dysentery etc.

Malaria is one of the dangerous disease which attacks our people, and there has been various measures which are taken to combat this disease, for example in recent years our government has launched new medicine to combat this disease called SP (Sulfadoxine 500mg combined with Pyrimethamine 40mg). Eventhough I always witness resistance with high mortality rate.

I first knew about Humble Health Drink (HHD) in May/2001, I have been giving this drink as Health Drink, I have been using this drink to many patients who comes to my office, but I discovered that among those patients who had taken HHD; those who were suffering from Malaria, amazingly all malaria symptoms disappeared within 2-5 hours but they continued to be weak for 6- 24 hours, after such period they appeared to be back normal, I have been giving them weak solution which is called Humble Health Drink Phase 1.

But also I discovered that there were few cases where Humble Health Drink Phase 1 appeared to fail to eliminate Malaria parasites, I then gave them solution which is called Humble Health Drink Phase 2, here a weak organic acid is mixed with stronger solution of Humble Health Drink and 48 hours is allowed to pass before consumed by the patient.

Within 2-4 hours after Humble Health Drink Phase 2 is administered; amazingly all all symptoms disappeared completely, here again I noticed patients to be back to normal 8-24 hours, and after such period most of patients appeared to resume to the normal.

For most cases there were no failures in treating malaria when I used Humble Health Drink, I have been visiting all patients who used both Phases and come to discover that all Malaria symptoms disappeared totally.

Since the day I first used Humble Health Drink up to the moment, I have successfully managed to treat 30 patients and some of them I managed to keep their records.

I would like to welcome anyone who would like to contact me by using my phone numbers given below or to visit me in Tanzania.

Sincerely,

Kittu J. Thomas.



Kittu J. Thomas,

P.O.BOX 11293,

Tel: +255 742421996 / +255 744306581

Arusha-Tanzania.

See Chapter 8, page 15 for data on obtaining MMS..

Nature Beauties Safaris Ltd.

P.O.Box 13222 Tel/Fax255 272504083,
E-mail: nature.beauties@habari.co.tz,
WEBSITE: www.nature-beauties.com
ARUSHA-TANZANIA-EAST AFRICA.

TO WHOM IT MAY CONCERN,

My job is conducting safaris in the country of Tanzania to our famous tourist attractions as it is known that this country harbour famous attractions in Africa e.g Mount Kilimanjaro, Serengeti National park, Ngorongoro crater, Lake Manyara national park (famous for its tree climbing lions), Tarangire national park, Selous game reserve, Zanzibar Islands etc.

I have been working in this job for three (3) years now, my responsibility in these trips is to Guide tourists who most of them comes from USA & Europe, I explains about Animals, Birds, Plants, African Cultures etc.

I first learned about Humble Health Drink in March/2001, as I have traveled around Tanzania I gave various people who had Malaria this Humble Health Drink, what is now called Humble Health Drink Phase 1.

Within 2 and 4 hours all symptoms of malaria disappeared, I noticed that when the symptoms had disappeared that they still seemed weak from the disease for 8 to 24 hours, but all appeared to be back to normal within that time.

There were a few cases of where the Humble Health Drink Phase 1 did not seem to help malaria patient. I then gave them a second mixture now designated Humble Health Drink Phase 2. In this case a weak organic acid is mixed with a stronger solution of the Humble Health Drink and a certain amount of time is allowed to pass before the health drink is consumed. Within 2 to 4 hours after Phase 2 is consumed all malaria symptoms appear to be gone. Again the patient seems to be slightly weak, and the weakness seems to disappear within 8 to 24 hours .

I have had no failures when giving the Humble Health Drink to malaria patients. That is to say, all patients appear to have no more malaria symptoms when I have used one or both of the Humble Health Drinks, Phase 1 and Phase 2.

I have kept written record of all people who had malaria and who were given this Humble Health Drink. I have the name and address of each person. In all there were twenty one (21) people who had malaria and who benefited.

Anyone is welcome to call me at the phone number given below, or to visit me in Tanzania.

Sincerely,
Moses Augustino.



Moses Augustino,
P.O.Box 13222,
Tel: +255 0744290223,
Arusha- Tanzania,

See Chapter 8, page 15 for data on obtaining MMS..



Picture: Moses Augustino and his wife about year 2000.
Moses was the first man to cure someone in Africa of malaria using the MMS.

They treated many people after these letters were written and I did get more data concerning the Stabilized Oxygen (Humble Health Drink).

Meanwhile, I was working to find out what chemical the Stabilized Oxygen really was and how it was made. I needed to find out why it wasn't 100% effective. I learned that Dr. William F. Koch first started working with this solution in Germany back in 1926. He used it in conjunction with mentally retarded children, because he believed that the Stabilized Oxygen produced nontoxic oxygen identical to the oxygen produced by breathing. Dr. Koch used his formula for the next 10 years believing that this formula somehow increased oxygen to the brain of the retarded children. Unfortunately, that was not the case. The problem was that either the chemistry was not modern enough for Dr. Koch to understand exactly what the formula was doing, or he just didn't understand chemistry well enough.

The formula found its way to the U.S. around 1930. Over the years

See Chapter 8, page 15 for data on obtaining MMS..

those who could finally dig out the actual formula began to add it into various products thinking that it was a form of oxygen that the body could make use of. Researchers concerning Stabilized Oxygen since that time have continued to make the same mistake. The fact is that what is now called and has been called Stabilized Oxygen for the past 80 years contains no oxygen that the body can use. In order to be useful to the body, oxygen must be oxygen in its the elemental state. That means no charge. In other words, oxygen cannot be an ion form of oxygen. The oxygen that is in Stabilized Oxygen is oxygen in an ionic form with a minus two charge. Saying that the body can use the oxygen in Stabilized Oxygen is like saying that the body can use the oxygen in carbon dioxide. Do you see? Carbon dioxide has two ions of oxygen with the same minus two charges. If you breathe only carbon dioxide you will die. The oxygen in Stabilized Oxygen merely becomes part of the water in the body. Water is made up of oxygen and hydrogen and in that condition, oxygen and hydrogen do not destroy any pathogens at all. I was later amazed to find that several universities had also made this same mistake. Of course, at that point I did not know any better either. I just knew the solution needed to be improved.

When you take a breath of air you are taking millions of oxygen atoms into your lungs. When you breathe out, guess what, you are breathing oxygen out in the form of carbon dioxide. The amount of oxygen going out is the same as the amount that came in. But the going out is carbon dioxide. You see, the dioxide is oxygen, but it is spent oxygen (so to speak). The thing that the oxygen does that keeps the body alive is it oxidizes things in the body. Oxidation consists of the oxygen atom accepting electrons which destroys poisons and neutralizes chemicals and releases heat energy and in the process creates carbon dioxide or carbon monoxide or some other combination. When the oxygen accepts the electrons, it is no longer an oxygen atom but it becomes an oxygen ion with a minus two charge. If it already has a minus two charge, as it does in Stabilized Oxygen, it cannot oxidize anything and thus it is of no value to the body as oxygen.

See Chapter 8, page 15 for data on obtaining MMS..

So if it isn't oxygen that comes from the so called Stabilized Oxygen and that kills the malaria parasite, what is it? You know, finding the formula for Stabilized Oxygen was a hard thing to do back in 1998 if you had a limited knowledge of chemistry. Everyone who had the formula wasn't telling and even when they sold it, they would not put the ingredients on the label. I did find one company that gave instructions for using Stabilized Oxygen. They said that after you put the drops into a glass of water it became unstable and thus you should never wait more than one hour before drinking the mixture. I thought that was interesting. So I put 10 drops into a glass of water, waited for about eight hours and then smelled it, like chemists often do. I thought I smelled chlorine. I realized that if water did make the Stabilized Oxygen unstable, it was because the water had made it less alkaline (more neutral). I had been using 10 drops, but by that time I was getting the idea that I would have to use more drops. After adding 20 drops of Stabilized Oxygen to a glass of water, I decided to add a little vinegar because it is a food that contains an acid called acetic acid which I knew would make it less alkaline than even water would. I waited for more than 24 hours this time and then I could detect a much stronger smell of chlorine.

By that time my friends in Africa trusted me, to some small extent, so they were willing to give it a try. They started using the improved formula of 20 drops of the Stabilized Oxygen in a full glass of water with one teaspoon of vinegar. After waiting 24 hours they then gave it to several of those who were not helped with the original first dose. It worked in every case when they used the vinegar and waited 24 hours.

To test my mixture, I bought some chlorine measuring sticks used for swimming pools, and guess what? After a few hours, the mixture began to measure a slight amount of chlorine and after 24 hours it measured at least 1 ppm (part per million) of chlorine. That really wasn't the total answer, but I was getting closer. I didn't realize it at first, but the sticks were measuring chlorine dioxide.

See Chapter 8, page 15 for data on obtaining MMS.

Next I put a lid on the glass containing the mixture, and found that it developed the same strength of chlorine in two hours as it did in 24 hours without the lid. That is, of course, so long as I also used the vinegar. The reason was that the chlorine was not going off into the air nearly as fast. I transmitted this data to Tanzania and they began to use this new procedure. They added the teaspoon of vinegar, used a lid and waited for two hours before giving it to the malaria victims. It worked every time. They were not having any failures.

This all sounds easy now, but I did more than 1,000 different tests over a period of one year to figure out all these “simple” things. My money was very limited and swimming pool test strips were expensive, as well as the various chemicals that I needed to do the testing. I must admit that I didn’t do anything really smart or brilliant, I just blundered along with my slight knowledge of the chemistry of metallurgy. There was also the fact that I was a research engineer in the Aerospace industry for almost 25 years. I set up tests for A-bombs and that sort of thing. So I did have some experience at doing tests. I tried a dozen or more acids and a hundred combinations.

The two-hour wait was okay for the doctor, but for my friend Moses Augustino it wasn’t very practical. He was always on the move and would run into cases of malaria on his travels. He needed a method of giving people doses within five minutes or so, as he simply could not wait two hours all the time. Stabilized Oxygen is stable because of its very high alkalinity. (That is the opposite of acidity.) When a few drops are added to a glass of water, the alkalinity of the drops is neutralized by the water and ions in the drops become unstable and begin to release chlorine. At least that is what I thought at the time. So the question is, how do we get this to happen faster?

The research waited for the purchase and testing of different acids, which I finally accomplished. After trying all the mineral acids and various organic acids, I found that vinegar, which is 5% acetic acid, which is an organic acid, worked the best. Then I made a mini

See Chapter 8, page 15 for data on obtaining MMS..

breakthrough which was simple. Instead of using a glass of water, I used no water at all. I just put 20 drops of stabilized oxygen and 3 teaspoon of vinegar in a clean, dry, empty glass. I swirled it around to mix it. That worked, and it worked in only three minutes! I checked the mixture with the chlorine strips and it showed a reading of over 5 ppm (parts per million) in only three minutes' time and when I added 2 glass of water it diluted the mixture out to less than 1 ppm, but the taste was terrible. The Stabilized Oxygen mixture with water doesn't taste too bad before the chlorine is released, but afterwards it's pretty bad. Some people don't seem to mind the taste but most people do, and children do, and they are the main ones who will need the solution.

I tried various juices to see which ones might work the best. There were two problems. First I needed something that would taste okay, but I also needed something that would not change the amount of chlorine. After trying many juices and tasting a lot of drinks I settled on just plain old apple juice, the kind with no vitamin C added. I transmitted this information to my friends in Tanzania and they used it for a few months. Then something happened and I never heard from them again. I worry that my friend Moses may have been injured on one of his trips to Kilimanjaro as he simply dropped out of contact. The doctor explained to me that he had not heard from him either. The doctor also mentioned that he was going to move. I never heard from either of them again, although I sent numerous e-mails. They gave me a great deal of help and I miss their e-mails.

You may be wondering at this time what the formula for Stabilized Oxygen really is. I did finally dig out the formula for Stabilized Oxygen. I am sure that a lot of researchers would have found it in 2 hour, but living on a desert lake with a very limited income it took me a while. Anyone in the world can find the data now-a-days, but let me save you some trouble. The formula is NaClO_2 . The name is sodium chloriTe. That sounds like salt, but not quite. Table salt is NaCl , and the name is sodium chloriDe. Notice the difference of the last two letters, or the second to the last letter. One is chlorite, and

See Chapter 8, page 15 for data on obtaining MMS..

the other is chloride. So let me tell you the real story that all the other researchers seem to have missed.

Let me mention now that the chlorine I smelled was actually chlorine in the air above the solution, but there was no chlorine in the solution. I discovered that what is in the solution is Chlorine Dioxide which is much different than chlorine.

Sodium chlorite (Stabilized Oxygen) is highly alkaline, that is the opposite of acid. When it is neutralized it becomes unstable and begins to release, not oxygen, but rather chlorine dioxide. But that is where the oxygen comes in. The formula for chlorine dioxide is ClO₂. That's one ion of chlorine and two ions of oxygen, but the body cannot use that oxygen. It has already lost its ability to oxidize. The chlorine dioxide ion however, in this case, has a powerful ability to oxidize. Chlorine dioxide is a powerful explosive. It cannot be contained as it will explode and destroy the container. It is always generated where it is used because it cannot be moved. Even a particle as small as one ion of chlorine dioxide will explode when it hits the right thing, namely a pathogen in the body or some other item more acidic than the body.

An explosion is merely a fast chemical reaction, releasing energy, which is usually some kind of oxidization. When a chlorine dioxide ion meets a pathogen it accepts five electrons of charge and instantaneously results in an instant oxidization, which is the explosion. The result of this explosion (the result of this chemical reaction) is that the chlorine ion is completely neutralized. The two oxygen ions that were a part of the chlorine dioxide ion are already neutral which for oxygen is a minus 2 state. That means that the oxygen ion cannot oxidize anything, it can only become a part of the water in the body but the body cannot utilize it for any kind of oxidation. The chlorine ion becomes a chloride which basically is just table salt which has no particular power either. Both the oxygen and the chlorine now do not have any charge that will create any kind of oxidation. So you see it's the chlorine dioxide ion (the combination

See Chapter 8, page 15 for data on obtaining MMS..

of chlorine and oxygen) that does the work and it is hundreds of times more powerful than oxygen alone.

Another fact is, that several deep breaths of air will supply more oxygen to the human body than the stabilized oxygen is expected to supply. And since the formula was supposed to produce oxygen identical to the oxygen in the respiration process, what would be the point to taking the Stabilized Oxygen when you could just take a couple of extra breaths? Anyway, it's a moot point. The fact is, what the researchers believed was happening was not happening. The oxygen just becomes a part of the water in the body and/or possibly becomes part of a carbon dioxide ion, but it cannot be used by the body for anything else.

Chlorine dioxide supplies electrons, but it does not supply oxygen. Basically, the chlorine dioxide ion is the oxidizer, not the oxygen. Check your chemistry book. Oxygen is not the only oxidizer. Any reaction in which electrons are transferred is considered oxidation. If the researchers that worked with Stabilized Oxygen had been able to understand modern chemistry, they may have been much more successful with their research. There is a lot more to it than this initial explanation and I intend to go over it thoroughly as I cover the story of the development of the Miracle Mineral Supplement. It's written so anyone can understand it.

At this time I moved a few miles to the town of Mina, Nevada where I continued writing emails to other people in Africa.

Thirty miles away from where I lived in the town of Mina is the town of Hawthorne, Nevada. There I met J. Andrew Nehring, a man that ran a small hobby shop. He had just returned from the Mayo Clinic where he had been operated on for cancer of the pancreas. He was continuing to be tested at a hospital in a nearby city. Unfortunately, the tests were still positive for cancer. He had been scheduled for exploratory surgery in approximately 60 days at the Mayo clinic. While visiting a mutual friend, he heard me talking about my

See Chapter 8, page 15 for data on obtaining MMS..

solution. He asked me about it and wondered if it would help his cancer. Since many people had already tried Stabilized Oxygen on cancer and had what seemed to be some success, I believed that the addition of vinegar might make it much better for cancer as it had for malaria.

We both said why not try it. I had not yet noticed any side effects, and it is not a drug. So he began taking the solution using vinegar as the activator. Within two weeks his cancer readings began to reduce. The high reading was 82 (whatever that meant). At the next visit to the hospital the reading was 71. A month later the reading was 55. Two months later it was 29 and so on until the reading was less than five. The doctors at the hospital didn't know what happened, but as soon as the readings began to go down, they canceled the appointment at the Mayo clinic. They wanted to see what might be happening. When the reading reached three they said there was no point in further testing. This is just one of a number of cancer stories in the past 10 years in which the cancer just went away while taking the MMS.

So at that time, my plan was still to get this information to the world one way or another. I developed a plan where I would have some of the story on the Internet to be distributed throughout the world. The way I planned to do this was to have the information in an e-mail ready to send out to the world. I wanted it to be distributed similarly to the way viruses are often sent. When a person received this MMS information it would have a tiny program that would allow the person who received it to easily send it out to every email address on his computer. But of course he would be in total control. A person would only have to push one button and the complete information concerning using and making the MMS would go out to every email address on his computer that he so designated.

Do you see how fast that could propagate across the world? It would go fast, but there are disadvantages. A book is even better, because not nearly the amount of information in a book could be put into e-

See Chapter 8, page 15 for data on obtaining MMS..

mails.

I sold the one thing that I had, a special process for recovery of gold. I received \$17,000 for the process. I searched around on the Internet and finally found a company that claimed they could develop such a distribution program. I started working with them to get the program done. I paid \$5,000 up front and several thousand as the program progressed and a large sum at the end. The program never worked. So I never got a working program and I had spent my money. Just to be fair, let me tell you the name of the company that refused to furnish me with a working program after I gave them \$14,000. It was Danube Technologies, Inc. in Seattle Washington.

They said when I made the final payment they would send me the working program. Their first proposal to me was dated 9 April 2001. My final payment to them was 11 November 2001. The program never came close to working. They claimed it did. They also said that the program was illegal. They would not do anything more. Now, 6 years later I finally worked out this program through which you received this book, but think of the hundreds of thousands of people that didn't get to use the MMS during that time.

I know you think that with such a great Miracle Mineral Supplement, philanthropists like Opra Winfrey and Bill Gates would stand in line to give me money to carry out our mission, but not so. It takes a while to get it figured out, but finally you realize it is all based on money. Opra wants to know what is going to bring her TV program the biggest audience because that is what brings in the money, and Bill Gates gets no recognition for helping the little guy. His millions go to the big pharmaceutical laboratories which in turn bring him powerful friends throughout the world. To invest in something that works but reduces the income of the pharmaceutical companies would be unthinkable. He said over the phone he would not back us until we had FDA approval. That takes a hundred million dollars and he knew we would never have that.

See Chapter 8, page 15 for data on obtaining MMS..

I sent many letters to these people and dozens of other organizations. It wasn't, for the most part, that they wouldn't believe me. For a hundred years the medical people and the pharmaceutical people with their billions of dollars have stood shoulder to shoulder using the laws enacted by congress to hold the alternative medicine people at bay. They have made them look like quacks and charlatans, but the fact is that millions of Americans have discovered that they are not. Despite medical warnings, every year more and more people discover answers in the alternative medicine area and now it is a several billion dollar business. You can't possibly think that millions of Americans are so stupid that they would prefer quacks and charlatans if they were not getting real help with their health problems.

And now, since the first edition of this book, the FDA has announced its intentions of shutting down at least 50% of the alternative medical businesses. The new law enacted by congress gives the FDA the right to require that all supplements be tested to prove their efficacy. That means that the FDA can stop any supplement at any time and require testing. It could cost up to \$100,000,000 for a single supplement. While more than 900,000 people die from drugs each year, the health industry does not average one death a year. But should someone even report being sick from a health supplement the FDA can and does stop every supplement of that kind in the country. In several cases, even though nothing was wrong, the supplement was never allowed back on the shelves. Now with this new law, just from what they have said they are going to do, it is obvious that the FDA intends that nothing but drugs will eventually be available to those who are sick.

Please tell your friends about this book.

See Chapter 8, page 15 for data on obtaining MMS..



Chapter 3

Stabilized Oxygen, MMS, and a Contract

As stated in the previous chapter, I moved to the small town of Mina, Nevada, in 2001, where I lived on a gold milling property at no cost. Dick Johnson, a friend, did this to help me out with my research. It gave me a few extra dollars to help with my research and investigation of the Stabilized Oxygen. During the first year there I met Arnold, a man of many talents. I have changed his name, in this case to protect the guilty, because I am not going to say very many good things about him, though I will say a few.

The Stabilized Oxygen mixture has been renamed several times since I began to make the solution in my kitchen. It is not easy to get the chemical sodium chlorite, but if you keep at it you can get some. (I'll tell you how to get it in Book II. It is available in many chemical supply houses.) I began making the solution much stronger than the Stabilized Oxygen that is sold on the market. For many years Stabilized Oxygen was 3.5% sodium chlorite. At this time my solution, which I have named The Miracle Mineral Supplement (MMS), is 28% sodium chlorite. That's eight times stronger than regular Stabilized Oxygen. When I am making trips into the jungle, it means I can carry eight times as much "healing power" as the original Stabilized Oxygen formula.

Let me explain what has happened. The researchers over the past 80 years have done their tests using from 5 to 20 drops, at the most, of the 3.5% solution. As I started treating people for malaria and other diseases, when a few drops didn't work, I just gave them more. In all the research I have been able to read concerning Stabilized Oxygen, no one increased the drops beyond 25 and very few ever used that many. Where did the old idea go that if 10 drops is good, 40 drops is 4 times as good? The only precaution that I took was that I always

See Chapter 8, page 15 for data on obtaining MMS.

tried the heavier doses on myself first. Generally I was dealing with people who wanted to get well, and they agreed to try it after I had tested it. I didn't go from 10 drops of stabilized oxygen to 120 directly, but I finally wound up at 120 drops and used a second 120 drops one hour later. I did it a little at a time until I found out what it took to cure a disease. It is not a drug, it is a mineral supplement, and I am an inventor, not a doctor. I don't even know what the Hippocratic Oath says; I am not trying to do what doctors do. My job has been to invent a sure cure for malaria ever since I thought it was possible and I did accomplish that. In my opinion, I have never put anyone at risk and I have treated over 2,000 people personally. Over 75,000 malaria cases have been treated, mostly by people I trained. The people treated were cured and no deaths reported in the bunch. Normally over 300 deaths could be expected. When I say cured, I'm referring to the fact that they got up, smiled, put their clothes on and went back to work. They have not relapsed, as far as we can tell.

Did we do double blind and triple blind tests? No. The money was not available. Bill Gates told us over the phone that he would not help until we were FDA approved. Usually, FDA approval costs millions, but those people in Africa that went back to work feeling good didn't care if we had FDA approval or not. When I phoned the FDA they said that if I was using it in Africa they had no say over there so they would not comment, but if I wanted to get it approved for treatment of malaria in America, then that would be another story. They didn't care if it was not a drug. The minute I said treatment of any disease, it then becomes a drug and you must have all of the countless tests and laboratory evaluations. That's anywhere from \$50,000,000 upwards.

The country of Malawi has accepted MMS as a mineral supplement that can be given to anyone, including those who are sick. They have shown a bit of reasonable logic. It isn't likely to happen here in the U.S. where the doctors and pharmaceutical companies have lobbied congress to the tune of billions of dollars to have all the laws written in their favor and written to produce money for them. In the

See Chapter 8, page 15 for data on obtaining MMS.

U.S. every year over 900,000 people die from medical drug related causes. However, when in one year just one single person died in one year from an amino acid found in a health food store, the FDA ordered all of that amino acid to be removed from all health food stores in the U.S. in spite of the fact that it has helped more people than most drugs, and now, years later, that amino acid is still not allowed. The drug companies and the FDA are always ready to pounce on anything that might eat into the profits of pharmaceutical companies. In this particular case that amino acid was replacing a drug. It was costing the drug companies money.

So long as one is using a mineral supplement in the attempt to make people feel better, there is no criticism. So long as one is using a mineral supplement attempting to make people healthier, there is no criticism, but the minute one attempts to treat someone for some specific condition with the same supplement that has been used for 80 years, then that is a different story. You must be a doctor, and you must do clinical trials, and you must have 100 million dollars for double blind tests and triple blind tests, and dozens of other requirements. No one offers to furnish the money; they just tell you what you are required to do. How dare you try to treat someone for a disease! That's for doctors and pharmaceutical companies only.

There are many people in America who realize that drugs only treat the symptoms, and not the causes of a disease. Why would a company even bother to research treating the symptoms of a disease instead of attempting to find a cure for the disease? Does anyone ever ask that question? Well, a lot of us do, but not the FDA. The answer is this, so long as you are treating the symptoms, you won't cure the disease and you can go on selling that drug until the person dies.

Several wealthy people offered to pay for distributing the MMS throughout the country of Haiti. They wanted to eliminate malaria in Haiti. But when we approached more than 15 clinics there, we found that they were controlled by doctors in the U.S. The doctors in the

See Chapter 8, page 15 for data on obtaining MMS.

U.S. were totally determined that we could not give a single person our mineral supplement. Haiti went without the supplement, and thousands still have malaria.

In any case, it only takes 15 drops of Miracle Mineral Supplement (MMS) for the first dose given to a malaria patient followed an hour later with another 15 drops. This is because the MMS is eight times stronger than regular Stabilized Oxygen. If you were using regular Stabilized Oxygen, you would need 120 drops at first and then another 120 drops in 1 hour after that.

Has anyone been hurt? No. Thousands of patients later there are only thousands of happy, well people with one claiming any lasting negative side effects. In actuality, there are a few instant reactions in about one out of a hundred people, but that's not side effects. The reaction normally lasts less than 30 minutes. Look it up in a medical dictionary or on the Internet. Side effects are the effect that a drug has on healthy cells that are not a part of the disease. Instant reactions are the result of the body adjusting because of the MMS is affecting diseased cells or disease causing germs. There are no effects on healthy cells.

We know that the MMS (28% sodium Chlorite) generates chlorine dioxide (that's ClO_2) when mixed with vinegar. The reason why it produces chlorine dioxide when mixed with vinegar is because the acetic acid (in the vinegar) causes the solution to be neutralized, or better than that, causes it to be slightly acidic. The MMS solution is normally extremely alkaline. When it is made acetic, by adding the vinegar, it becomes slightly unstable and it begins to release chlorine dioxide. By measuring the drops and the acetic acid we know that it creates about 3 mg of chlorine dioxide in approximately three minutes. Then when we add apple juice (or other juice without vitamin C) it dilutes the solution so that there is about 1 ppm of chlorine dioxide in the total apple juice mixture. The MMS solution continues to generate chlorine dioxide, but now at a much slower rate.

See Chapter 8, page 15 for data on obtaining MMS.

About chlorine dioxide: Chlorine and chlorine dioxide have been used to purify water and kill pathogens in hospitals and for many other antiseptic uses for more than 100 years. Lately chlorine dioxide has been used more and more frequently, especially to purify water. It is also authorized by the FDA to be used to clean chicken, beef and other foods. Research has proven chlorine dioxide to be much safer than chlorine, as it is selective for pathogens when used in water and it does not create compounds from other constituents in the water, which chlorine does. Simple chemistry tells us that without doubt the same situation exists in the body. It has been proven that chlorine in drinking water creates at least three different carcinogenic compounds when it enters the body, but no such compounds have been found from chlorine dioxide. The American Society of Analytical Chemists stated in 1999 that chlorine dioxide was the most powerful pathogen killer known to man.

If this is the case, and it is, then you would have thought that the pharmaceutical companies would have said to themselves, “Hmm, if chlorine dioxide is such a powerful killer of bacteria, viruses, and other germs, and since it is used to kill viruses on food throughout that industry, maybe, just maybe it could be used to kill those things in the human body.” But no, they wanted a drug that makes you feel a little bit better and can be sold over and over again. No point in using something that’s going to cure someone on the first dose. Pharmaceutical companies should have discovered it 100 years ago, but they didn’t. You might say that is just my opinion, my truth, but I am going to have to call it a fact because it is such an obvious truth. There is no excuse why research has not been conducted with a solution that has been used for 100 years to kill disease causing germs. The pharmaceutical companies not only didn’t do the research, but they actually refused to test the Stabilized Oxygen many times.

So what happens when you put Stabilized Oxygen in the body? It first goes down into the stomach at first. There are dozens of research

See Chapter 8, page 15 for data on obtaining MMS.

papers which state that when it comes in contact with strong stomach acids that it breaks down into oxygen immediately. They haven't, however, stated the tests that prove this hypothesis. I used stomach acids in a test glass and that result never happened. Even when I tripled the strength of the acid in the glass to three times what would normally be found in the stomach, it never broke the sodium chlorite down immediately. In fact, it never increased the speed of production of chlorine dioxide beyond maybe 100th of a milligram per hour, in other words, practically nothing. And, of course, creating chlorine dioxide and sodium (tiny insignificant amounts of sodium) is all that can happen when the sodium chlorite does break down. There isn't anything else left. That is all that's there. The chlorine dioxide explodes when touching various items of lower acidity than the body by accepting four electrons with tremendous energy and it will almost always be things that are bad for the body. Otherwise, it simply bounces off the healthy cells. There is more about this later in the book; see chapter 14. Again, chlorine dioxide is the oxidizer here, not oxygen.

Without the use of vinegar, or lemon, or lime or citric acid, tiny amounts of chlorine dioxide is all that will be produced. Any benefit from the Stabilized Oxygen has to be derived from the tiny amount of chlorine dioxide because there is nothing else except an insignificant amount of sodium. Because there was indeed some benefit from Stabilized Oxygen, we know that the chlorine dioxide was doing it. The oxygen that is finally released by the chlorine dioxide is not useable by the body. Because all Stabilized Oxygen sold on the market today is a solution of sodium chlorite, there are no electrolytes of usable oxygen to be derived from Stabilized Oxygen.

With the addition of vinegar, the conditions change drastically. At first, with the 20 drops and 3 to 2 teaspoon of full strength vinegar, the body receives a dose of about 3 milligrams of chlorine dioxide in the mixture when the apple juice that has been added to the dose. The solution then continues to generate chlorine dioxide for the next 12 hours within the body.

See Chapter 8, page 15 for data on obtaining MMS.

The red blood cells that normally carry oxygen throughout the body have no mechanism to differentiate between chlorine dioxide and oxygen. Thus in the walls of the stomach where the blood picks up nutrients of various kinds, when a chlorine dioxide ion touches a red blood cell it is accepted. If there happens to be a malaria parasite present it will be destroyed and, the chlorine dioxide will be destroyed as well. If there are no parasites present, the chlorine dioxide will be carried by the red blood cell to some point in the body where oxygen would normally be used to oxidize poisons and other bad things, and there the chlorine dioxide is released. The chlorine dioxide has over a hundred times more energy to do the same thing that the oxygen would do but it still won't hurt any healthy cells, more than likely because the immune system has the chlorine dioxide under control.

This is the point where I like to compare the chlorine dioxide ion to a good Tasmanian devil and the disease germs are the bad Terrorists. The Tasmanian devil is a small fellow, but is known for how ferocious he is. The red blood cell is the bus that carries oxygen, and the conductor doesn't care, he will also carry the Tasmanian devil. Taz, the chlorine dioxide, is let off by the red blood cell at approximately the same spot that oxygen would normally be let off. The terrorists are not even worried. They can handle Mr. Oxygen. But this time there is a surprise. The guy that gets off the bus is ferocious. He's much worse than the oxygen that normally gets off. He jumps out and kills every single terrorist that is present that is harmful to the body. So when the red blood cell bus arrives, MEET TAZ.

If the chlorine dioxide does not hit anything that can set it off, it will begin to deteriorate and thus gain an electron or two. This may allow it to combine with other substances creating a very important substance that the immune system utilizes to make hypochlorous acid. Hypochlorous acid is probably the most important acid of the

See Chapter 8, page 15 for data on obtaining MMS.

immune system. It kills pathogens, killer cells, even cancerous cells with this acid. When the body has a deficiency in the important substance, from which the immune system creates the hypochlorous acid, it is called myeloperoxidase deficiency. Many people are afflicted with this deficiency and the deficiency may increase during diseased situations, because the immune system needs a great deal more of this acid when a disease is present.

There are some suppositions here. In any case we definitely know that chlorine dioxide is made in the body from sodium chlorite and it then kills the hell out of diseases. There is one other function that the chlorine dioxide does in the body. It tends to neutralize poisons. Almost all substances that are poisonous to the body are, to some extent, acetic in nature or below the neutrality of the body. The chlorine dioxide will neutralize many of these poisons. We believe that can be the only explanation why a malaria patient often goes from totally sick to totally well in less than four hours. The poisons that malaria generates are neutralized by the chlorine dioxide at the same time the parasites are killed. I dosed a dog that was bitten by a rattlesnake. I gave him a drink of the solution every 2 hours. The dog seemed to know it would help him and he drank it right down each time I gave it to him. He was okay in a few hours, which would indicate that the poison was probably neutralized by the chlorine dioxide.

While I was living in Mina, Nevada I was finally able to order the first whole drum of 100 pounds of sodium chlorite. Actually, the same friend that helped me by providing a place for me to stay in Mina bought the first 100 pound drum of sodium chlorite. He dropped by and took a few pounds to keep for himself as that would ensure that he would never be without it. For the record, his name is Richard Johnson. I began to treat some people here in town and some people began to buy the solution that I bottled here in my kitchen. There are a number of people here in town that now has been using the MMS for several years. I have sent bottles all over the world and many people have used it to treat cancer and every other disease that

See Chapter 8, page 15 for data on obtaining MMS.

you can think of that would be caused by bacteria, viruses, molds, yeast or any other pathogen

Eventually, as mentioned previously, I was approached by Arnold, a businessman who lived in Reno and who also owned a nonworking gold mill here in Mina. He asked me to do some gold assays. We began talking and when I mentioned that I had a cure for malaria he was extremely impressed. We talked several times and in time we finally signed a contract. In the contract he agreed to finance making the MMS available throughout the world. He wanted to put up an Internet site in Budapest and sell MMS to the world from Budapest. I found him to be like many other wealthy men who think MMS is great. They want to get others to invest money, but they don't want to invest any themselves. He began talking to numerous people about the MMS and was able to interest many groups which were "humanitarian." He called me and told me about each new group that he was talking to concerning investing in the cure for malaria in Africa.

Arnold is a great humanitarian. He works to help the homeless in Reno. He always stops to help anyone who might be broken down on the highway. He supplies a truckload of clothes and other items to an orphanage in Mexico each year. Many times when homeless or people down on their luck arrive in Mina he will either give them a job himself or somehow get them a job with someone else here in town. He also helps out at various places in Reno including distributing meals to the homeless at Christmastime. He has been quite helpful to me in many ways and has worked toward getting the MMS distributed in Africa for the last 6 years.

The problem was he never kept any of the agreements in the contract I made with him. Instead, he kept finding people who would "potentially" finance the MMS distribution in Africa to cure malaria victims. We were always just weeks or months away from getting the money to distribute the MMS in Africa or to get the money to conduct clinical trials to prove to the world that it works.

See Chapter 8, page 15 for data on obtaining MMS.

Arnold began to use the MMS to treat people, as he is very compassionate toward people who are sick. He personally gave MMS to many people after overseeing that they knew how to use it correctly. He found veterans who had malaria that kept coming back and provided MMS for them. That was one way that he proved, to himself that it worked. However, I began to see that he would not let me talk to any of the groups that he had interested in helping to finance the distribution of MMS to the world. I don't know what his reasoning was, but it seems he is not as effective dealing with people as he thinks he is. Group after group lost interest in the MMS and simply did not continue with him and his ideas. Group after group or person after person came and went away.

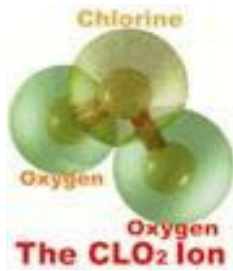
Living out here in the desert, I never got to talk to any of these people or groups. I was always told about the people or the groups, but never allowed to talk to them. Even when I asked to be allowed to talk to these people Arnold would not discuss it. This continued for five years and he made many mistakes, such as, hiring a young kid to do our web site, who then sued us when we insisted that the web site be done the way we wanted. The kid took us to court and also sent letters to government agencies saying that we were crooked and our MMS solution was a fake. Those letters prevented us from getting a letter from the IRS stating that we were a nonprofit group. At the writing of this book (10/1/2006), now 5 years beyond the time he was supposed to get the Web Site done, 10/1/2006 and thousands of dollars later, we still don't have a Web Site. Four additional people that have been hired have all bombed out and took our money and produced nothing. Had I been able to use some of this money that was lost I could have completed clinical trials in Kenya. Arnold also hired a grant writer, who also began to work against us. Arnold was very bad with people while always thinking that he was especially good. I mention this negative stuff only to point out why I had to write this book. It's part of the story, and getting the information to the world is and has been my purpose.

See Chapter 8, page 15 for data on obtaining MMS.

I should reaffirm that I do not think that Arnold is not a bad guy. But I finally realized that if I stayed with him it would have to be his way or nothing. If I wanted to get this information to the world I had to leave that partnership. It wasn't happening Arnold's way and he would not allow any other way. Thus I had to get away where I could do it the way I knew it would work.

The year at this time was 2006 and I could no longer justify keeping this information from the world. There were and are millions of people who need the MMS. How could we allow those to die who could be saved? The answer for me at that time was, I could not. So I packed my bags and left about mid year 2006. But I am getting ahead of my story. There were several other important events that took place before I left.

See Chapter 8, page 15 for data on obtaining MMS.



Chapter 4

Dr. Flomo

I signed the contract with Arnold in 2001. Arnold talked to numerous people concerning the MMS (which we called OS-82) about treating and curing the people of malaria in Africa. He always had someone that he believed might help provide us with funds, so that we could first prove the the MMS worked and then we could ask the world to help us cure Africa. I remained in Mina, Nevada, continuing to write emails to people in Africa, many who didn't believe me and some who even asked me to not write them again.

Somewhere around July of 2003, my emails to Africa paid off. I finally got in touch with a doctor in Guinea, West Africa. His name was Dr. Moses Flomo Sr. I began telling him of the results that we had obtained in Tanzania. He was interested. I sent him a bottle of the MMS and he tried it on a single malaria patient who was well in only hours. He immediately went to the office of the Ministry of Health. Dr. Gamy was the Deputy Minister of Health at that time in Guinea.



This picture shows Dr. Moses Flomo Sr.

Dr. Flomo was able to deal with one of the doctors in the office of the Ministry of Health who then authorized him to test 25 people. He was to test those 25 people without charge and only if the MMS worked could he then begin charging people for the MMS as a treatment for malaria.

Dr. Flomo put a large sign outside his clinic which said, "Free treatment for malaria." Within hours he had more than 25 people signed up and he

See Chapter 8, page 15 for data on obtaining MMS.

treated them the same day. He had them agree to come back the next day for testing. The next day all the people who returned were malaria free. He began treating people for malaria for 5,000 fg (75 cents US) on October 1, 2003.

People started lining up outside of his office. He continued treating people for a few weeks. Unfortunately, Dr. Flomo couldn't really see the value of the MMS. He believed that he could make a lot of money from selling herb formulas in capsule form. The malaria thing was only something that he was doing to get me to help him with the herbs. I agreed to help him as long as he was working with malaria. He wanted me to send him some empty capsules, and some herb books, and a capsule filling machine, and other supplies. When I sent his package containing some books and a small semi automatic capsule machine, his post office held it. He got so upset with them that he closed his clinic. It didn't make a lot of sense to me, except he wasn't from Guinea and he thought that was the reason he was being treating badly.

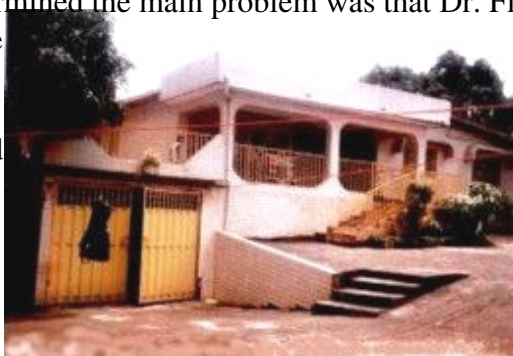
We later found that the postmaster had taken the package and put it on his desk. The next day he took sick and the package remained on his desk for two weeks. An accident happened and the package was essentially destroyed by rain.

Dr. Flomo decided to go out to an America Bauxite company, the biggest one in that part of the world. He knew one of the doctors in the company clinic. So he took some MMS to the doctor and explained how it worked. They began treating workers who had malaria with the MMS. In all they treated about 2,000 people. At that time they reduced absenteeism by over 50%. Dr. Flomo began negotiating with them to sell them 150 bottles of MMS for \$60,000 US money. That's \$400 U.S. per bottle. I had never intended to sell the bottles for more than \$26 US, but Flomo insisted that we could use the money to set up a clinic. Since we had never settled on an exact price, I said okay. After all, that was still somewhat less than \$1 U.S. per treatment.

At that time, Arnold didn't have complete control of the Malaria Solution. He hadn't yet figured out how to get complete control. I still had some say in how things were handled. Later, Arnold said that the people that were putting up the money wanted him to have complete control. At this time I was able to allow Dr. Flomo to sell the MMS. Later I was not allowed to do such things.

See Chapter 8, page 15 for data on obtaining MMS.

There were some glitches to the Bauxite Company transaction, and quite a bit of time passed. I determined the main problem was that Dr. Flomo was making trips elsewhere working on the herb plan that he had. It was quite an extensive plan. He planned to have many acres planted with various different herbs. Dr. Flomo would not allow me to talk to the doctors at the Bauxite clinic. We had to go through him and he was busy elsewhere.



This is a picture of Dr. Flomo's herb clinic.

I decided to tell Arnold about the possible sales. That was a mistake. Arnold then tried to call the clinic at the America Bauxite Company, but he couldn't get the right phone number. Then he got in touch with the U.S. Company that owned the Bauxite Company and got the phone number of the president of the America Bauxite company in Guinea. The president said that he would not use our MMS (OS-82) until some university had published a paper stating that they had tested the MMS and that it worked. That ended the \$60,000 sale of bottles to the Bauxite company clinic, as the doctors there were informed that they could not use the MMS. Had we not tried to go through the front office, the doctors in the back would have continued to use the MMS. (This was a flub by Arnold. I didn't want to stir things up in the front office of the American Bauxite Company as I realized that things were delicately balanced.) If they had already been using the MMS for six months and the absenteeism had been reduced 50% during that time, no one would have said stop. As it was, the front office was never informed that they had already treated 2,000 people.

I continued to work with Dr. Flomo and sent him 10,000 empty capsules and a number of small capsule machines that could be use to fill the

See Chapter 8, page 15 for data on obtaining MMS.

capsules. He never really got anything more going with the malaria. Guinea is full of malaria. If he had continued to treat people for 75 cents each (a figure people there can afford) he would have become rich in that area. He would have been the best known doctor in that part of the world. He chose to continue to try to sell herbs, which never did work. We would have furnished unlimited quantities of MMS to Dr. Flomo and he could have changed a whole country, but he just had to try to sell his herbs.



Picture: Dr. Flomo and a local herbalist preparing herbal formulas.

If you read chapter 18 you can see his mistake. He was so focused on his own goals, he simply couldn't adjust his vision to see a bigger picture. He wasn't interested in helping the people of that country; he was only interested in making money. He lived in his own world. Still, over 2000 people were cured of malaria as a result of Dr. Flomo's efforts.

MMS is available for your purchase immediately. See the last paragraph of Chapter 8. I have no financial interest in the company that sells it. I just thought you might like to try it before you make a hundred bottles. Chapter 17 explains how to make a hundred bottles.

See Chapter 8, page 15 for data on obtaining MMS.



Chapter 5

Kenya East Africa

Arnold just happened to know the head man of the missionary group called the Faith Christian Fellowship International or FCF Int. We had decided several months before that we should charge \$5 per dose of MMS. It didn't matter that Africans couldn't afford that amount, we were planning on getting the money from one of the humanitarian sources, but that still wasn't going anywhere. Finally it occurred to me that with a \$5 cost we could offer to make a large donation to FCF Int. I told Arnold and he thought it was a valid idea.

Arnold offered to give them \$200,000 worth of the MMS if they would furnish the money to send me to their missions to train their people how to use the OS-82 (That's what we were calling MMS at the time). The name has changed a number of times. Since we had put the price of a dose at \$5, we could make \$200,000 worth for about \$50. Let me just mention here that it was my idea. Out here in the desert, the 2,000 people treated in Guinea, the 5,000 people treated in Sierra Leone, and the 75,000 people treated in Uganda and Kenya have all been the direct result of my ideas. Yes, Arnold helped, but he didn't come up with the ideas nor did he contact the people in Guinea or Sierra Leone. I did it without any financing from Arnold. And still everything had to be done his way, because of course, the donors all wanted it done his way. (That's what he always told me.) I wouldn't have minded doing it his way if it was actually getting done, but it wasn't.



The offer impressed them and they decided to go ahead and send me to both Kenya and Uganda. For some reason, as usual Arnold never allowed me to talk to the head of the FCF missionary group

See Chapter 8, page 15 for data on obtaining MMS.

nor any of the other people who might have helped to finance our trips to Africa. However, he had to send me to Africa as he was not qualified to dispense the MMS and he knew it. But he was absolutely adamant that things must be run his way and things were always run his way. That, of course, is why I am writing this book. Five years has passed and in my opinion we have gotten nowhere in relation to where we should be. Arnold tries, but he has made many mistakes.

This all happened in 2003. FCF Int. finally sent me in 2004. I bottled hundreds of the bottles of MMS in my kitchen using kitchenware and a very accurate laboratory scale. In fact, to this date 10/1/2006 the only person who has bottled the MMS is me and I have bottled many hundreds of bottles with 650 doses per bottle. It adds up to well over 2 million doses. At the writing of this 2nd edition there are more than 4 manufacturers making the MMS. The bottles that we finally decided upon were tall dark green four ounce bottles with a dropper top so that drops could be dispensed from the bottle as long as there was a solution inside. I was reasonably sure that no other similar bottles would be present in Africa and I was correct. A bottle with the malaria solution could be recognized a block away, as nothing else was similar. So far the other people are still using the same green bottle bought from a company in New York. The company's name and address is given in Chapter 17.



[Dr. Opondo with bottles of MMS on the table.](#)

I arrived in Kakamega Kenya on January 31, 2004. I was met at the airport by four people who each gave me a hug. There was Javan Ommani the head minister of the mission there, Gladis Ayugu, Hezron Juma the second in command at the mission, and finally

See Chapter 8, page 15 for data on obtaining MMS.

Beatic Iadeche. They were very glad to see me and they were very gracious. I was driven to the Mission where they had a very nice room fixed with mosquito netting and everything that I would need.

Doctor Isaac Opondo came to see me that evening, as he was responsible for the hospital and he had been going to be giving treatments to cure malaria patients. He was He really needed to know what I was going to be giving them. I realized if he didn't like me or the MMS that he could shut everything down and nothing would happen. I would simply be going back



mission
told that I

worried.

that

home with nothing accomplished. So I began to explain exactly what the MMS was and how it worked. He understood chlorine dioxide because his scientific knowledge included water purification plants and disinfectants. I told him most of the things already mentioned in this book plus other data. He was interested. I have found the exact facts work better than anything else and that is what I gave him.

Finally Dr. Opondo said, "I have the picture and if you can really get the chlorine dioxide into the body, I believe it will do exactly what you say it will do." Once he had the picture of the chlorine dioxide in his head, he was convinced. So much so that he said, "My wife is sick with malaria. Can I go get her right now?" I said, "Sure." She arrived about 20 minutes later. I mixed an MMS drink for her of only five drops. I considered 15 drops to be a standard dose at that time and I do not remember exactly why I only used five drops. I guess I was worried about making her nauseous. So Dr. Opondo's wife was the first person I treated for malaria in Africa The next morning she was feeling a little better, but she was not completely well, and I had

See Chapter 8, page 15 for data on obtaining MMS.

told him that she would be well. And I was scheduled to start treating at the hospital that morning.

That was actually a problem, but not as bad as you might think. The doctor believed my explanation of the chlorine dioxide and he seemed to have faith in what I had to say. The problem was that the strain of malaria here was more virile than the strain of malaria in South America. In seeing that the doctor's wife was indeed a little better, I knew it was working but that it simply was not a large enough dose. I told the doctor that his wife just needed another dose and he agreed.

That morning when I began treating people at the mission hospital, I put on my white lab smock with the words "The Malaria Solution Foundation" embroidered in in gold lettering on the front. I wore my hat, light tan pants and white shoes. I looked like a doctor. I arrived at the hospital at about 8 A.M. and Dr. Opondo set me up in his office. I, of course, explained to the people in the office that I was not a doctor. They didn't care. I was the only white man for 50 miles in any direction and they all had a great deal of respect for white men.

I discussed the number of drops to be given each patient with Dr. Opondo. I pointed out that the malaria here seemed to be a stronger strain than that in South America. We decided to use 15 drops dose and soon his wife arrived to get her next dose. She received a second dose which was 15 drops and went on home. We gave the patients 15 drop doses all day, but the next day most of them came back, feeling better, but not well. That it. I decided on 30 drop doses as we needed to get cures with only one dose.



per

did

See Chapter 8, page 15 for data on obtaining MMS.

There were too many malaria victims to have to handle each one twice.

The hospital laboratory was overloaded. We simply could not check every sick person's blood for malaria. However, in that area there isn't much question about whether or not a person has malaria. Normally a doctor merely looks at a person and recognizes malaria. But they did take as many blood samples as were practical. All persons who tested positive to malaria by blood sample eventually tested negative after the second dose, or after the 30 drop dose. It usually took about four hours to have all malaria symptoms gone. In a few cases, it would take up to 12 hours for the symptoms to disappear. Although many had other diseases as well as malaria, we never had a failure as far as the malaria was concerned. We cannot guarantee that fact, as everyone was not blood tested, but to the best of our knowledge, there were no failures to kill the malaria parasite.

We treated the ones that were still feeling bad and all were recovered when they returned the next day. Dr. Opondo agreed with me that we should increase the dose to 30 drops. It began to work with only one treatment. This was eight times the dose that was used in South America. This would equal 240 drops of stabilized oxygen sold in health food stores. At the hospital, each malaria patient was introduced to me and those who could speak English would describe their symptoms a little bit. I gave a dose to everyone. I did not try to just dose the malaria patients. I knew that the MMS would be good for most any problem that they had. Some would soon throw up worms, and many others said that various difficulties were better.

The Reverend Ommini was head of the mission there and he looked a little tired. He told me that every since his accident he had not had any trouble with malaria. He walked with a cane and he had some steel braces in his leg. He said that maybe the steel was somehow causing a reaction in his blood that was killing the malaria parasites. I looked in his eyes and face very closely. I could only see extreme tiredness. He was sick and didn't know it. I asked if he was taking

See Chapter 8, page 15 for data on obtaining MMS.

pain tablets, and he admitted that he took several each day. I said, “Reverend, please do me a favor and have your blood tested for malaria.” All of a sudden it seemed to occur to him; he realized how he really felt.

sudden it
he



Picture: Dr. Vincent Orimba talks with a mother About her baby who has just taken some MMS.

I had actually meant for him to have the blood test the next day, but he took one more look at me and he went to wake up the laboratory technician. In about one hour he came back with an amazing report. The average malaria patient that showed up for treatment at the hospital had a reading of plus six. Rev. Ommini had a reading of plus 120. He could have dropped dead at any minute. I gave him the biggest dose that I felt would be safe, which was 30 drops. Normally a person with that high of a reading would be sick in bed almost unable to move, but the pain killers in some cases will mask the symptoms.

The next morning Rev. Ommani felt much better, but he was sick again by noon. At noon his blood was reading plus six which was a normal reading for a person sick with malaria. I gave him another 18 drops and by the next morning he was proclaiming that he felt great. He looked good. His blood read zero malaria parasites. He was lucky that it turned out this way. It happens many times that people take pain tablets to mask the pain of malaria. They don't realize it is malaria just as Rev. Ommani had not, but he believed in me. They keep taking more and more pain tablets as their headache and the

See Chapter 8, page 15 for data on obtaining MMS.

pains in their joints get worse and worse. That is a very dangerous condition as they can be walking around with enough malaria to kill them. When this one can just drop which does happen.

happens
dead,

Picture: People at church await our arrival. In all there were over 300 at this church.



Rev. Ommani began organizing churches around the area so that people with malaria could come to be treated. Each morning about eight of us would crowd into a mini bus driven by Peter Mwangi a local pastor who owned the mini bus. The bus was about 20 years old. It was only a bus shell with a motor. Everything else had been stripped out. The door hinges were far beyond wearing out. They just sort of held the door from falling off, but certainly not from rattling. Being the only white person, I had to ride up front, but then so did three other people. Peter was somewhat of a mechanic, so he kept the bus going. But everything in the bus was extremely worn. When an auto gets that bad and something quits working you simply pull it out and throw it away. After all, all you really need is a motor, a chassis, and wheels.

Peter would drive us to several churches during the day and he also helped me by taking pictures. There was usually anywhere from 50 to 200 people at the various churches. They introduced me to the crowd and asked me to say something before we got started. I would talk for a minute or so, stating that it was my pleasure to be there and that I hoped that they would feel better. Then they would stand in

See Chapter 8, page 15 for data on obtaining MMS.

line as I began filling the glasses that were furnished at each church.

When there were several hundred people I would ask for extra glasses and they would get some somehow. Then we would line up 20 or 30 glasses and I would begin putting the solution in the glasses. I had a small measuring spoon that held exactly the right amount of solution (30 drops). Then I would add vinegar to each glass. I would then fill each glass with pineapple juice to about three quarters full. We would give the dose to each person. (There was always the three minute wait right after adding the vinegar and before adding the juice.)

Several times when the group heard that I would not be inoculating them they would express disappointment. They felt that if they were not getting inoculated that the medicine might not be powerful enough to help. However, as the day wore on at each church, people started feeling better. Headaches went away, and nausea vanished, and/or muscle pains left. The people were quite surprised and pleased and they showed it. It was always a pleasure to see the people getting better and feeling better.

While we were in Kakamega, Javan wanted us to visit one private clinic. We were to spend a full day at the clinic. The name of the clinic was The Bukura Community Nursing and Maternity Home. When we arrived there was a big long line of local people who needed treatment for malaria. We spent most of the day there and then we left them with several bottles of MMS for their use. The head man's name was Vincent Orimba. He treated many people and took their blood readings both before and afterward taking the MMS. Unfortunately, his clinic was one from which the support of the Missions to supply them with MMS was withdrawn as far as supplying them with MMS when they suspected me of being evil. I have included a picture of Dr. Orimba at his clinic. No doubt that he, like most of the other people in this book can still be contacted.

While in Kakamega I did not see any other white people. One lady

See Chapter 8, page 15 for data on obtaining MMS.

stopped me on the street and shook my hand. She said that she wanted to tell her husband that she shook the hand of a white person today. Probably the biggest laugh I got at the table was when I told everyone that my biggest worry was that these converted cannibals might decide that they would rather have a good meal than go to heaven. All of them past the age of 30 claimed to be converted cannibals, but I doubt that any of them were. They just like to have something to say.

While in Kakamega I did not see any other white people. One lady stopped me on the street and shook my hand. She said that she wanted to tell her husband that she shook the hand of a white person today. Probably the biggest laugh I got at the table was when I told everyone that my biggest worry was that these converted cannibals might decide that they would rather have a good meal than go to heaven. All of them past the age of 30 claimed to be converted cannibals, but I doubt that any of them were. They just like to have something to say.

Picture: Wade Porter and his wife stand on each side of the Author. The others were doctors and nurses. Wade decided not to use the MMS as they decided the Author was evil.



See Chapter 8, page 15 for data on obtaining MMS.

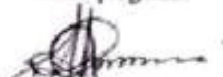


February 11, 2004

We the people of the Ematsayi Mission which is the headquarters of 128 Ball Churches and their pastors, hereby give our thanks and appreciations to The Malaria Solution Foundation for sending Mr. Jim Humble to bring us the Malaria Solution. Over one thousand patients have been treated and reported that they have recovered from malaria including the Bishop Rev. Javan Ommani and his wife. So of the places he visited are: Ematsay Mission Hospital 80 patients were treated and reported back that they have recovered by Dr. Isaac Opondo.

2. Bukura Community nursing Home 3 patients were treated and reported that they have recovered after taking phase two of the treatment led by Dr. Edwin Otieno.
3. Inaya Church clinic, 512 patients were treated some returned the second day for number two of the phase 2 treatments and reported recovered. Led by Rev. Mutuli.
4. Imanga and Naburera Church clinics 228 patients were treated and reported recovered under Rev. Javan Masimber.
5. Emangale, Nazareti, Musaga 125 patients treated. They reported recovery of malaria. Led by Rev. Eseri Mahonga.
6. Kialala Church Clinic 50 were treated, reported recovered from Malaria. Led by Rev. Parton Wangila.
7. Mwilala 36 people were treated positive live reports came back. Led by Rev. Charles Ommani.
8. Anyiko Church Clinic 250 patients were treated and reported recovered. Led by Rev. Henry Apondi.
9. Buyonga Church Clinic 50 people were treated and reported recovered. Led by Sister Jackline Makokha.
10. Eshirumba Church Clinic 52 were treated and reported recovered. Led by Pastor E. Kabole.

With time running out some with malaria were left before being treated. There has been reported three cases of vomiting and at least one case of diarrhea after taking the Malaria Solution but in all cases the situation settled after getting the second treatment. Sincerely we thank all concerned in this program.


Rev. Javan Ommani
Bishop


Rev. Hezron Okaha
Ass. Bishop

Alfred Okwany
Chairman




February 11, 2004

Jim Humble
The Malaria Solution Foundation

Here I present to you my special observations during the Malaria Campaign using the Malaria Solution Formula.

1- The very 1st day of the introduction a very sick baby of 1 ½ years was brought complaining of convulsions from high fever with temperature of 104 F (40 C). Blood slide microscopic examination was positive of malaria with 4 pluses ++++ indicating very severe infection with malaria falciparum parasites.

After resertation the patient was given the malaria solution phase 1. After 4 hours the blood slide microscopic examination was done. The parasites were reduced to 2 pluses (++) . At that time phase 2 was given (5 drops of the malaria solution). The following day the blood slide was negative of malaria.

Note: No other antimalaria drug was given. No antibiotic was given. After two days the child was discharged. There had been no temperature above normal nor any other symptoms for 48 hours. The malaria had been cured by the Malaria Solution administration alone without the usual quinine for such serious cases.

2- A female patient aged 34 years had persistent fevers sever headaches in evenings, persistent nausea, loss of apatite, and loss of weight. Microscopic examination of blood revealed malaria falciparum parasites present. She had not responded to many antimalaria drugs including quinine injections. Malaria Solution phase 2 was given in two doses within 24 hours. By the third dose all signs and symptoms had reduced. After 5 days the patient was back to work eating well after two months of illness. A check of the blood slide showed negative.

3- Three sick children were administered Malaria Solution after the presence of symptoms of bronchial pneumonia for 2 days. After 6 hours the signs and symptoms had reduced. They stayed in the ward for 48 hours until the symptoms of pneumonia were completely gone. No other antibodies were administered.

4- I smeared the Malaria Solution to warts in the groin region of a male patient of 5 years. Within 5 days the warts were gone.

See Chapter 8, page 15 for data on obtaining MMS.

Cases 3 and 4 indicate that the malaria solution is effective against other diseases.

5- During a mobile clinic campaign one of the female patients was given phase 2 Malaria Solution. She immediately started having severe abdominal pain. I gave her 3 glasses of water which she vomited after each glass. Soon she was feeling better.

Note: On further interrogation I found out that this patient was a known case of peptic ulcer and was on treatment at the moment with antacids.

Conclusion: This patient could have been saved from the reaction from the Malaria Solution if she had told us she had stomach ulcer. In the future we should ask about stomach ulcer.

In conclusion let me say that I am on the look out for other benefit of the Malaria Solution and will give you a feed back as I progress carefully in assessing which other conditions can be treated using the Malaria Solution.

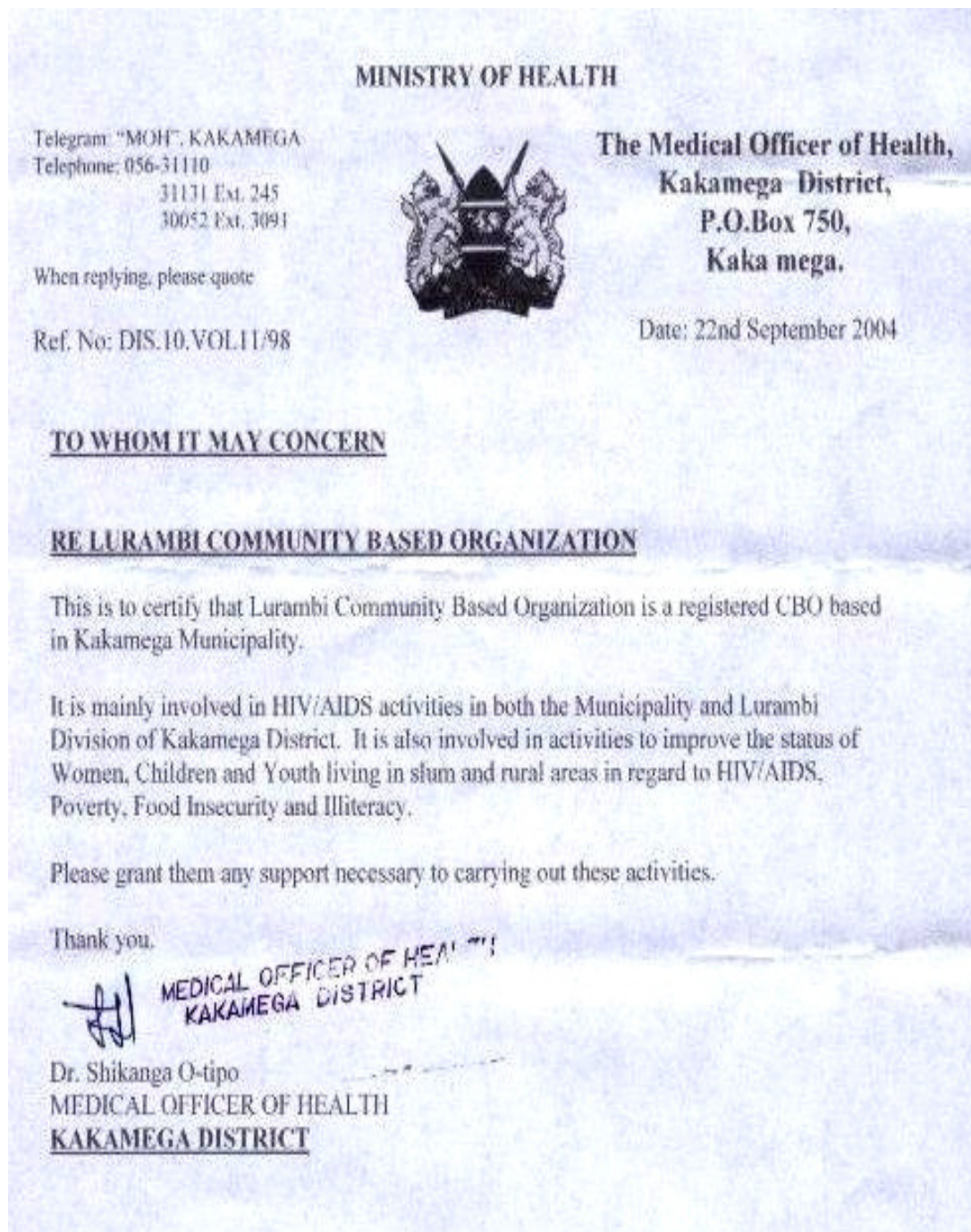
Since the campaign is almost free I find it hard to charge a fee for Microscopic blood examination as many patients cannot afford it. That would strengthen the positive results, but as in the case #1 above, finance is a problem.

I am continuing with the Malaria Solution Program.

Sincerely,



Dr. Isaac Opendo
PO Box 1176, 50100
Kakamega, Kenya
Phone 0722-300301



See Chapter 8, page 15 for data on obtaining MMS.

PETER MWANGI GITAU
P.O. BOX 659
KAKAMEGA
KENYA
2/11/2006

TO WHOM IT MAY CONCERN
RE: JIM V. HUNBLE

This is to certify that I, Peter Mwangi Gitau has worked with JIM since 2004. He came to the Ematsayi Ball Mission to treat people for malaria and for all this long, I have been driving him. We visited many churches and treated about 1000 people with Malaria Solution. After that, we went to Uganda to help people there and over 500 people were treated in the Life Medical Centre in Kampala, Uganda.

We left each other and he, JIM sent me some bottles of the Malaria Solution to treat and train people how to use the Solution in Kakamega Town. See pictures and report of those treated on the next page.

I am looking forward to treating as many more people in Kenya and helping JIM in this work as more money and donations are made available to us.

It's my pleasure to have many people treated and get well and reach out to millions with Malaria Solution.

Yours faithfully

P. Mwangi

Peter Mwangi.
0722 860674

See Chapter 8, page 15 for data on obtaining MMS.

February 11, 2004

Location: Ematsayi Mission

I Sila Kombo, give much thanks to God who brought brother Jim Humble to Kenya to give the Malaria Solution. I am happy that when I got the Malaria Solution I was recovered. I would like to ask the office of the Christian Faith fellowship to extend the treatment up to Tanzania country where I am a Bishop having more than 25 churches where the disease (Malaria) kills so many people and I've seen this chance to be of help to us in Africa. Thank you. Good bless.

Yours Sincerely,





Chapter 6

Uganda East Africa

When I left Kakamega Kenya I flew to Nairobi and there I gave a lecture to Wade Porter and his group of doctors and nurses. The lecture with the doctors and nurses was well received; they talked to me for an hour after the lecture. There was much handshaking and friendly words, but for some reason Wade and his wife decided I was evil and that ended their plans to treat villagers in the nearby bush. They would never communicate about it so I had no way to tell them different. Even stranger than that, the head man at FCF Int. in the US was fired a few weeks after I returned. He was the man in that organization that made the decision to send me over there. Maybe there was no connection, but it seems funny that he was fired and I never knew the reason. Well anyway, the story continues.

From Nairobi I flew to Kampala Uganda. I was met at the Airport by Solomon Mwesige who was the main pastor of the mission there and the owner of the clinic that was connected to the mission. He drove me to his house. They had a room fixed up for me to stay in. Here in this area, everyone who comes into the house must take off his shoes. I didn't notice that at first, but as soon as I did notice, I apologized and took my shoes off. They were very gracious hosts. Dinner was served every evening with everyone sitting at the table. The food was very good. In Uganda, where they are not fighting, there is plenty of food. In fact, an observer would call it a land of plenty.

Solomon said that I could start using the MMS in the morning at his medical clinic. I was anxious to get started as this would be one more test in proving out the MMS. I arrived at Solomon's clinic,

See Chapter 8, page 15 for data on obtaining MMS.

after having breakfast at his home, at about 8 AM on the 14th of February 2004. Patients were already arriving as Solomon had announced in his church services that I would be there.



Picture: Author and nurse look on as mother gives her baby the MMS at the Life Link Medical Center in Kampala, Uganda.

They were charging a small fee for my MMS doses (OS-82 was on the labels of the bottles at that time, but I had long since quit calling it that back in Kenya, because “Malaria Solution” was the only thing any of the doctors or nurses would call it. And that is what we finally started calling it, as the people of Africa had actually named it. When I called Arnold I gave him the new name and he immediately agreed.)

I started off using the data obtained at the Kakamega mission in Kenya. I used 30 drops and almost everyone was getting sicker and vomiting after taking the drops. Of course, the next day or even

See Chapter 8, page 15 for data on obtaining MMS.

hours later, they were well, but the vomiting was not popular. Something was again different with this malaria than at the other place. All those here who had malaria had enlarged spleens. Somehow the drops were reacting with this strain of malaria differently, and it probably had something to do with the enlarged spleens, as the malaria victims in Kakamega did not have enlarged spleens. Not everyone was vomiting and thus we continued for several days, but the patients were beginning to stay away.

Finally I decided that I had to do something. I had each patient take only 15 drop doses, but come back in four hours for a second dose of 15 drops. This worked out OK. The 15 drop doses did not cause anyone to vomit and soon patients were again lining up outside for a treatment. So, once again minor problems had been overcome. All these small things bring about the collection of information that is necessary to give proper instructions to other people.



Picture: Life Link Medical Center in Kampala Uganda.

See Chapter 8, page 15 for data on obtaining MMS.

When I mention 15 drop doses or 30 drop doses all such doses require the addition of 3 to 2 a teaspoon of vinegar, or lemon, or lime, or citric acid solution. Without the one of these food acids the solution does very little good. The food acids act as an activator that makes the solution work. One must wait three minutes before adding anything else. After the three minute wait, one can then add a ½ glass of juice to mask some of the taste. The juice must not have any added vitamin C. This is the reason for using fresh juice, because one can be sure that vitamin C has not been added. Almost all bottled or canned juice has vitamin C added as a preservative. Although vitamin C is very good for you, in this case, vitamin C prevents the MMS from being effective in the body. So only use fresh juice.

These food acids have a very important role. They causes the sodium chlorite solution to give up chlorine dioxide ions on a linear basis and it also protects the sodium chlorite from giving up too many ions at one time. This is important as one does not want the entire amount of chlorine dioxide to be released as soon as the solution reaches the stomach. The acetic acid or citric acid is necessary for the proper function of the solution in the body. Vinegar always contains acetic acid while lemons and limes contain citric acid. One of these acids is a necessary ingredient to the MMS.

Solomon's clinic is called "The Life Link Medical Centre" and the address is PO Box 15081 Kampala Uganda, Phone 077 479017. He had a microscope and technicians who could determine the malaria parasite in the blood. During the time we were there we treated at least 50 patients who checked positive for malaria before treatment and who tested negative after treatment. However, most of the 500+ patients that we treated didn't care. They only wanted to feel better. And that was the result, they always felt better after they took the first and second doses. The fact is that at least 95% of them had malaria, we just did not have time to test everyone's

See Chapter 8, page 15 for data on obtaining MMS.

blood. Still, we did have 50 verifications of patients who were cleared of the malaria parasite. Shortly after I arrived at the Life Link Medical Centre I met one special pastor from the DRC Congo. His name was John Tumuhairwe. He was interested in the MMS and after he accepted a dose he immediately began to help us treat the people as they came in. He was very enthusiastic concerning the MMS and he talked to me extensively about going to the DRC Congo, but, I didn't have the money or other support to do so. He visited a number of places in Kampala and almost arranged it so that I could visit the army in Northern Uganda where the fighting was taking place. I was willing to go as there was widespread malaria in the army and it would have been a significant contribution to settling the war. That would have been a very good advertisement for the MMS at the time. But John was unable to get things completely arranged while I was there.



Picture: Author gives Ev. John Tumuhariwe his first MMH for reoccurring malaria. Read John's letter at the end of this chapter.

When I left I gave him my last bottle of malaria solution (MMS) which was enough to treat about 180 people for malaria. If you read John's recent letter to me you will see that he treated quite a few people in the Congo. Several months later I sent him 10 bottles that

See Chapter 8, page 15 for data on obtaining MMS.

he used quite a bit. His letter also tells about using those 10 bottles. The picture shown here was taken as I first gave him a dose of MMS. He, like most of the people named in this book, can still be contacted. As of 10/10/2006 I have just sent him another 10 bottles.

Over 2 of our patients with malaria were children. Some of these children would have died without the MMS doses. Although reactions were infrequent, it was in this clinic that we began to notice that the reactions were often similar. As time progressed we occasionally noticed the following reactions: (1) Dizziness. Some patients reported dizziness several hours after taking the doses. The dizziness never lasted over one hour. When the dizziness passed the other symptoms of malaria seemed to disappear at the same time. (2) Nausea. The nausea usually occurred within 10 to 15 minutes of taking the dose and seldom lasted more than 15 minutes. (3) Vomiting. On rare occasions someone vomited as a reaction to the dose, but not more than once.



Picture: Author mixes MMS doses in the treatment room.

- (4) Tiredness. The tiredness was total and throughout the body. It was quite amazing as I experienced this one myself several years earlier when I first took the MMS to overcome some malaria I contracted in the jungle. One feels completely lethargic and has an inability to move. It is not really

See Chapter 8, page 15 for data on obtaining MMS.

unpleasant, just a weird sensation that's slightly alarming. It lasts from 1 to 4 hours, no longer. (5) A combination of several or all of these reactions. This is rare, but it did happen once or twice. There is really nothing that needs to be done for any of the reactions. They all pass and have no lasting effects.



Picture: Most children treated the MMS almost like they thought it was a magical drink. These three did.

This clinic here had at least six beds. There were several patients that recovered after taking the MMS. The doctor there was a black man who had a great deal of compassion for children. He treated them with kindness and appeared to be very concerned. He saved several lives while I was there simply by being able to diagnose correctly. He questioned me very thoroughly about the MMS. I ended up telling him about my friend who had used the “Stabilized Oxygen” to inject the solution in the veins of his animals. And I mentioned that he had injected me a couple of times. In our discussions I finally told him that the strength of the solution that my friend used for injection into the animals was 15 drops in 20 ml of injection solution.

See Chapter 8, page 15 for data on obtaining MMS.

Toward the end of my stay there I noticed the doctor talking to groups of people who met him outside the clinic. After he talked to several groups I asked him about them. He said that the groups consisted of an advanced AIDS patient with his relatives. I didn't ask him what the conversation was about as it seemed that would be impolite. However, the day that I left he took me aside and said that he was going to treat some AIDS patients and that he would use an injection. He said that he was connected to the very large Kampala Hospital and that he would be able to approach AIDS patients that were being sent home to die. You may feel that I would feel concern at this point, but back in Las Vegas I had my friend inject me several times. We first used one drop, then several drops, and then a full dose two different times. There was never any adverse reaction, but the injection did handle a very bad case of the flu. It wasn't that I was worried about these AIDS patients; it was that I was extremely sad that we couldn't treat every AIDS patient that was being sent home plus those AIDS patients in the hospital.

Again, the MMS releases chlorine dioxide into the body. Chlorine dioxide is the most powerful killer of pathogens of all kinds known to man. There is no reason why it wouldn't kill AIDS viruses. It does no damage to the human body in the low concentration used in the MMS. When using direct injection into the blood you cannot use vinegar. The fact is, the blood has the same neutral level as water, and thus it dilutes the MMS and causes the release of chlorine dioxide without vinegar over a period of a few hours without vinegar.

At the time I did not encourage the doctor, nor did I discourage him. I could not see that the injection would hurt these AIDS cases and it would probably help. After I returned home I kept in close contact with this doctor as he treated 390 AIDS patients over a period of 8 months. They were patients that had been sent home

See Chapter 8, page 15 for data on obtaining MMS.

from the local Kampala Hospital assuming that they would die soon. His emails showed that 6 out of 10 AIDS cases were feeling good and anxious to go back to work or back to their lives within three days. The other 40% recovered within 30 days. None of the cases that he was able to keep track of had a relapse. Two out of the 390 cases died. The ones that were well in 3 days needed time to recover, but it seemed that they were only recovering from an extreme case of weakness. Unfortunately, this doctor's name is one name that I must keep confidential. But, you can see that he had very good results, as all of these patients were slated to die within weeks of being released from the Kampala hospital.

I did not find it hard to believe his reports as he had no reason to lie to me on a constant basis day after day as I was paying him nothing nor even sending him free MMS. I have been able to treat a number of AIDS patients successfully myself. And my friend in Malawi, who runs a business there, has been treating several employees who were too sick from AIDS infection to come to work. They are now all back to work.

The owner of the clinic was also the pastor of a local church. His church was a member of the FCF Int. Missionary group to Africa. It turned out that he had a problem very similar to the other Pastor in Kenya. Solomon Mwsegi was also taking pain tablets for the pain caused by malaria. Both he and his wife were avoiding the idea that they had malaria. The pain tablets will often mask the malaria, not very well but they keep you going. To go on taking them is extremely dangerous as the malaria can kill you without you much feeling it.

Actually when I asked him about it, he said, "I know its malaria, I've just been putting off doing anything about it." He said, "I'll take a double dose right now." I replied by asking if he was sure, and I mentioned that it was going to make him nauseous. He said, "I

See Chapter 8, page 15 for data on obtaining MMS.

know it is, but I want to get it over and I want to be sure the malaria is killed.” He had been watching carefully what we were doing and how I was re-adjusting the number of drops. So he took the double dose (of course, with the vinegar activator and the standard three minute wait.) He later told me that he wanted the drops to make him sick as he felt that would be proof that something was really working in his body.

Here is word for word what I wrote in my notes at the time: “Within 20 minutes he was nauseous. Within an hour he could not drive the car. He had diarrhea. At home he felt totally tired like he didn’t want to move except to go to the toilet. It started at about 11 AM that morning and at 4 PM when we got home he was better. At 8 PM he was up lying on the couch. He said all sickness was gone, but he was feeling weak. The next morning he was slightly dizzy but feeling good otherwise.” From the beginning to the end of this ordeal, he was very enthusiastic about it. When he got sick, he was enthusiastic because he believed the MMS was working. When it was over, the next day he said he couldn’t believe how well he was feeling.

His wife was watching the whole ordeal and she was very worried, but she was also afraid of doing nothing because she was well aware that her pain tablets were also masking malaria. When she proceeded to take the dose, her husband (Solomon) stayed with her. She was not as nauseous as Solomon had been, but she stayed sick for most of the second day. Finally, however, she was extremely happy about how well that she was feeling. She said it was the first day in over a year that she felt like herself. Evidently, when malaria is masked with pain tablets, it gets very bad and thus the MMS was extra reactive. However, they could have avoided the reaction simply by taking a few days using smaller doses instead of trying to do it all at once. The problem was that they were

See Chapter 8, page 15 for data on obtaining MMS.

always extremely busy and didn't feel that they could afford the extra time.

It didn't seem to matter who I was involved with while I was in Africa; the people were willing to trust me. I think that they could feel or that they knew that I would not do anything that was against their better interests. The time spent at Solomon's clinic was very productive in learning more of the ins and outs of the MMS. My driver, Peter Mwangi drove to Kampala and arrived a day later than me. Solomon also furnished him a room in his house. Peter was a great help in the clinic. He helped me mix MMS doses. He took pictures, and he learned as much data as he could about the MMS.

Several months later, Solomon accused Peter of raping one of his servant girls. The girl was pregnant. Peter said that it was impossible. He didn't do any such thing. It seems like, since I was in the same house, that I would have heard some kind of noise, or would have noticed the girl crying or something. But I did not hear anything. I observed only a very high integrity from Peter while I was there, so I rather believe Peter when he says that he didn't do it. The thing that seemed kind of peculiar to me was that Solomon continued to fire person after person from his clinic even while I was there. I worked with the people that he fired and they all seemed to be doing a good job. I never understood why he fired any of them, so when he stated that Peter had raped his servant girl, I question that accusation in my own mind, but I did not interfere with Solomon's operation of the clinic.

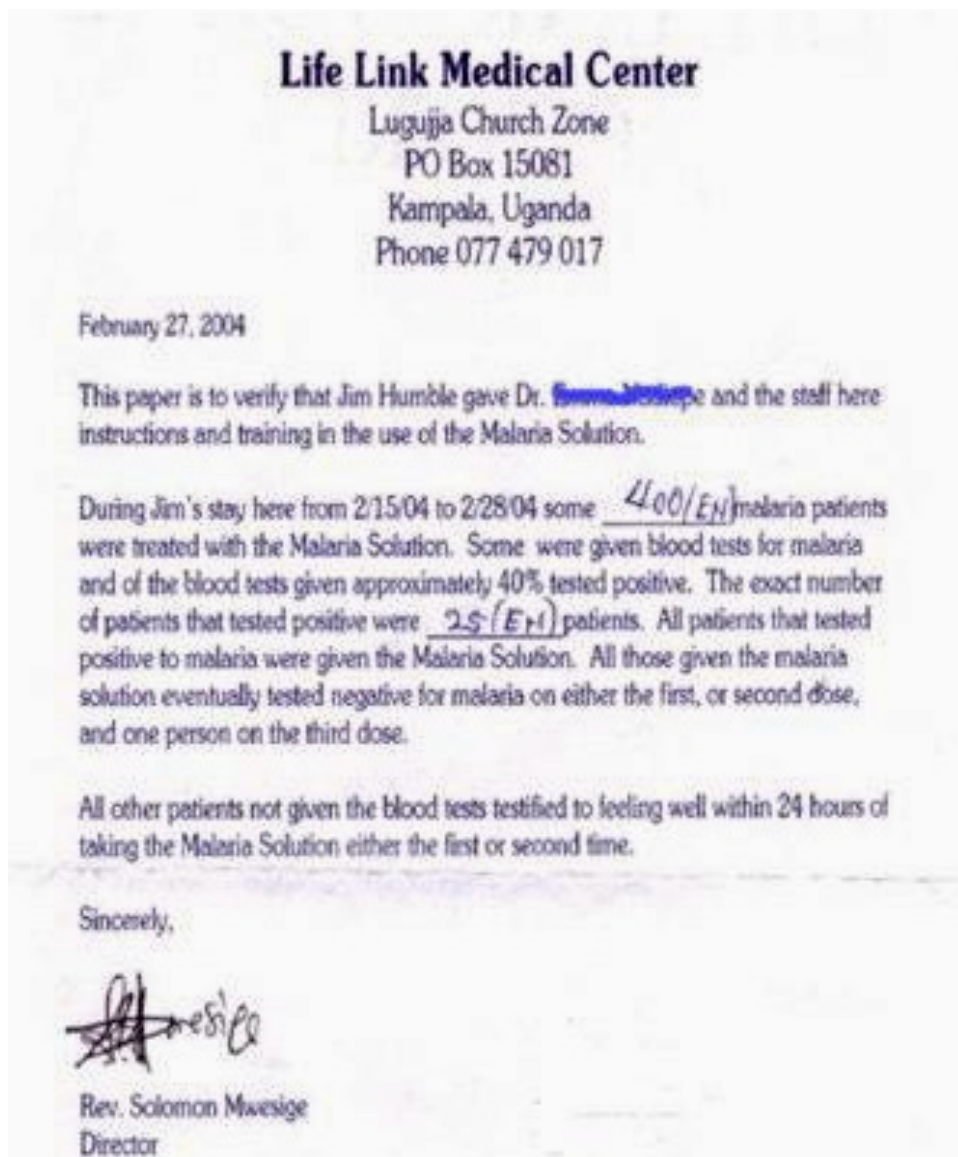
In any case, we treated over 500 people while I was there. Solomon asked me to help and to remain present because those people who came were expecting a white man. The people there had a great deal more confidence in the MMS because a white man was treating them. Even when I quit giving the solution to people, they were much more confident when I was simply present.

See Chapter 8, page 15 for data on obtaining MMS.

Solomon promised that a white man would be there and the patients that came were much more confident even if I only stood outside on the front porch.

I finally left Kampala on the 27th of February 2004 and flew back to Reno, Nevada. From there I returned to the desert town of Mina,

Nevada



See
Chapter

Ev John Tumuhairwe.
Katwe RD Buyaya House plot No 53
Po.box71915
Kampala Uganda East Africa.

Dear Humble,

I hope this letter finds you well and strong. This is John Tumuhairwe. Just to remind you, we first met in Uganda at life link, the first time you came to Uganda, with a Kenyan brother who was with you, when you introduced the malaria solution. I had visited Pastor Solomon and I was staying at the Clinic (Life Link), because I used to live in DRC Congo those days. I immediately got interested in the malaria solution and I joined you and Dr. Emma, to start giving the malaria solution, to people.

I also contacted the Ministry of Defence in Uganda, who wanted, to meet you, but we didn't make it I think due to some other arrangements Pastor Solomon had. You gave me a bottle of malaria solution, which I then took to DRC Congo and it did a lot of miracles and wonders to the people I gave to drink.

This was after we treated and HIV positive woman, whose CD 4 count had lowed so much, but she recovered immediately and her CD 4 was risen from 50 to 200.

When I came back to Uganda, I took some malaria solution to the government chief chemist, Mr. Onen, who is new in Japan for one year course. He tested it and gave me a Certificate for it, whose copy I later gave to Pastor Solomon to give to you, but I also sent you a copy by mail.

Later when I started living in Uganda, I asked you to give me permission to use malaria solution which you did and sent us ten bottles of malaria solution, to use with Dr. Emma after you found out, that he had stopped working for Pastor Solomon's Clinic. It is part of these bottles, that I have used to go to the Ministry of Defence here in Uganda. I have been treating soldiers here who are HIV positive and the results have been good. I am also working, with other organizations, and the branch of World Vision International in Uganda to test on HIV positive patients, in their care.

As I mentioned to you later I am intending to rung the first Holistic Healing Centre in Kampala-Uganda. We shall use the humble health drink (malaria solution) as our major treatment.

Yours in bond of love for Christ Jesus.
God Bless you.

Ev. John Tumuhairwe.

See Chapter 8, page 15 for data on obtaining MMS.



Chapter 7

Continuing Story of the MMS

In Mina I continued sending emails to everyone I could think of. I sent emails to the president of the U.S., to Bill Gates, to various people who did humanitarian things, to all of the TV shows that did humanitarian things, such as Oprah. I continued to send out free bottles of MMS as well as I sold the 4 ounce bottles with 325 doses for \$20 each or for \$5 to anyone living in town. Later when I doubled the strength, I sold the 4 ounce bottles with 650 doses for the same price.

As time passed and people talked to me about various problems I continued to find new uses for the MMS. All of my life I have had trouble with my teeth. Most of my teeth were missing and I wore dentures. My gums were quite soft and my teeth were somewhat loose in the gums. They often got sore and at that particular time they started to hurt and I thought I would have to have one or two pulled. Then I finally decided that I should brush my teeth with the MMS. I used 6 drops of MMS and $\frac{1}{2}$ teaspoon of vinegar swirled together in a glass and then I waited the 3 minutes and added $\frac{1}{3}$ glass of water and used that to brush my teeth. Again I was amazed. All of the infection and soreness disappeared in hours. Within a week my gums had hardened up. When I finally did go to have a tooth pulled, it took the dentist a full hour to pull the tooth. My gums were so tough, and the tooth was so well imbedded into my jaw bone he simply couldn't just grab it with his pliers and pull. It wouldn't come out. I'm not sure I should have had it pulled. It looked perfectly healthy when it was finally out. The dentist was more surprised than I was.

Since that time there have been a number of other people who began to use the MMS for oral hygiene. All that have used it have had the same results, a much healthier mouth. There have been a number of

See Chapter 8, page 15 for data on obtaining MMS.

people who were able to fix their abscessed teeth merely by brushing with MMS.

I am sure Arnold was working hard to get the money for our next trip to Africa. My contention was always that if he would provide me with enough money for a round trip airplane ticket and some living expenses then I would travel anywhere and talk to the various government agencies and hospitals until I find some place to do clinical trials. Arnold's contention was that we could not go anywhere in Africa until we had an invitation. According to Arnold there was always plenty of money but his insistence that we needed an invitation kept us immobile for years. Peter Mwangi secured an invitation from one hospital in Kenya to go do clinical trials in Kenya. Remember, Peter was my driver in Kenya and Uganda who I trained in dispensing the MMS. We could have done the clinical trials of 100 malaria patients with before and after blood tests for less than \$20,000 including my travel expenses. The money was available, but Arnold would not allow me to go to Kenya. Instead he wanted to help Floyd Hammer and his wife who had various projects going on in Tanzania but who could not get clinical trials for months and it finally proved out that he never did get clinical trials. Clinical trials was what we wanted at the time, and we could have had it through Peter, but we were going to do it Arnold's way regardless of the results.

Time after time for over a year, Floyd Hammer was provided money from our Malaria Solution Foundation and he never gave us any information back as to its use. We helped them buy a pickup truck, and ship a large container food supplies to Tanzania, and when Floyd wrote a report to his people in the U.S. he never acknowledged that we helped at all. He talked about treating malaria patients, but he never acknowledged that he was using the MMS to treat the patients. Finally Arnold just said that he wasn't going to send them any more money. But if I could have had that same money, I would have completed the clinical trials in Kenya and would have had the proof that everyone was asking for.

See Chapter 8, page 15 for data on obtaining MMS.

The other thing that I tried to get Arnold to do was simply hire Peter Mwangi, my driver who was proficient with the dispensation, to continue treating and passing out the MMS. He was traveling to hospitals, some of which were willing to try the MMS. He could have been traveling to churches, orphanages, hospitals, and clinics. They trusted him and many were willing to use the solution. In the same amount of time that we fooled around with Floyd, Peter would have treated thousands of people being treated and dozens of places would have used the MMS. Unfortunately, nothing I suggested was considered. Hiring Peter, a local instead of someone from the U.S., would have been ridiculously cheap. We would not have had to pay for his airplane ticket, he would have worked for less than \$100 a month. We would have had to pay for gasoline, some operating expenses, and have shipped him plenty of MMS. His expenses were 1/10 that of a foreigner or missionary. He would have gotten done exactly what we wanted to do. Arnold didn't trust Peter, but he never met him and I worked with him for an entire month every day. We were good friends by the time I left. On the other hand, Floyd took our money, which was thousands and didn't even say thanks. The money we paid Floyd got absolutely nothing done so far as we could tell.

Arnold kept making mistake after mistake while all the time saying that everything had to be done his way. He hired the kid who finally made such trouble for us he prevented us from getting a legal nonprofit Malaria Solution Foundation. Arnold hired several people to create our Web Site and when they had worked almost a year on it, it was still a very poor site. Then he hired another man to do our site, paid him up front and never got a thing for his money all the while our site never got done. It has been six years since Arnold said he was going to get us a web site set up and as I write these lines we still don't have one. He sent thousands of dollars to Floyd Hammer and we never received any acknowledgment or data concerning the Malaria patients treated with our MMS. With the money Arnold continued to lose, I could have had a number of clinical trials completed in Kenya with the proof that we needed to show others. Even though he flunked again and again he continued to adamantly

See Chapter 8, page 15 for data on obtaining MMS.

insist that everything must be done his way. He continued to claim that the people who were going to sponsor us would only do so if he was in total control. Arnold actually prevented the MMS from being used distributed while all the time proclaiming to be getting it done.

Arnold continued to tell me that although I was on the board of the Malaria Solution Foundation it was going to be operated like a corporation. Basically, he said that he was the president and things were going to happen the way he specified. Arnold and John continued to say that I had no say in the way things were being run. There was no arguing with either one of them. If there was any discussion about the events of the past weeks or past year, they would both get together and tell me my memory was wrong. When there was any discussion and I tried to say something they would just start shouting. I could not get any ideas across. Everything went quietly so long as I kept my mouth shut. I could have left, and I should have, but there was always the promise that they would have the money to get to Africa to prove out the MMS so that the world would accept it. I kept my mouth shut because that promise always hung there in front of me. To be completely fair, when I finally returned from Africa the last time, Arnold called me with several questions concerning how to do things. He stated he wanted my input, but as things continued he would do things as he wanted regardless of my input. Up to this point, Arnold had been the only game in town for me. Then I realized I could write this book.

I made a contract with the World Health Organization (WHO).

Before my trip to Kenya and Uganda I had written quite a few letters to the World Health Organization which, evidently didn't want to appear like they were not interested. They returned one of my letters saying that they had a program in which they tested various drugs that might have some effect on malaria. They were interested in the MMS, they wrote. After some discussion they sent me a contract to sign. We negotiated a bit, changed some points, and I finally signed their contract. I sent them a bottle of the MMS. About a year and a half later, after I returned from Africa, I finally got a letter from them

See Chapter 8, page 15 for data on obtaining MMS.

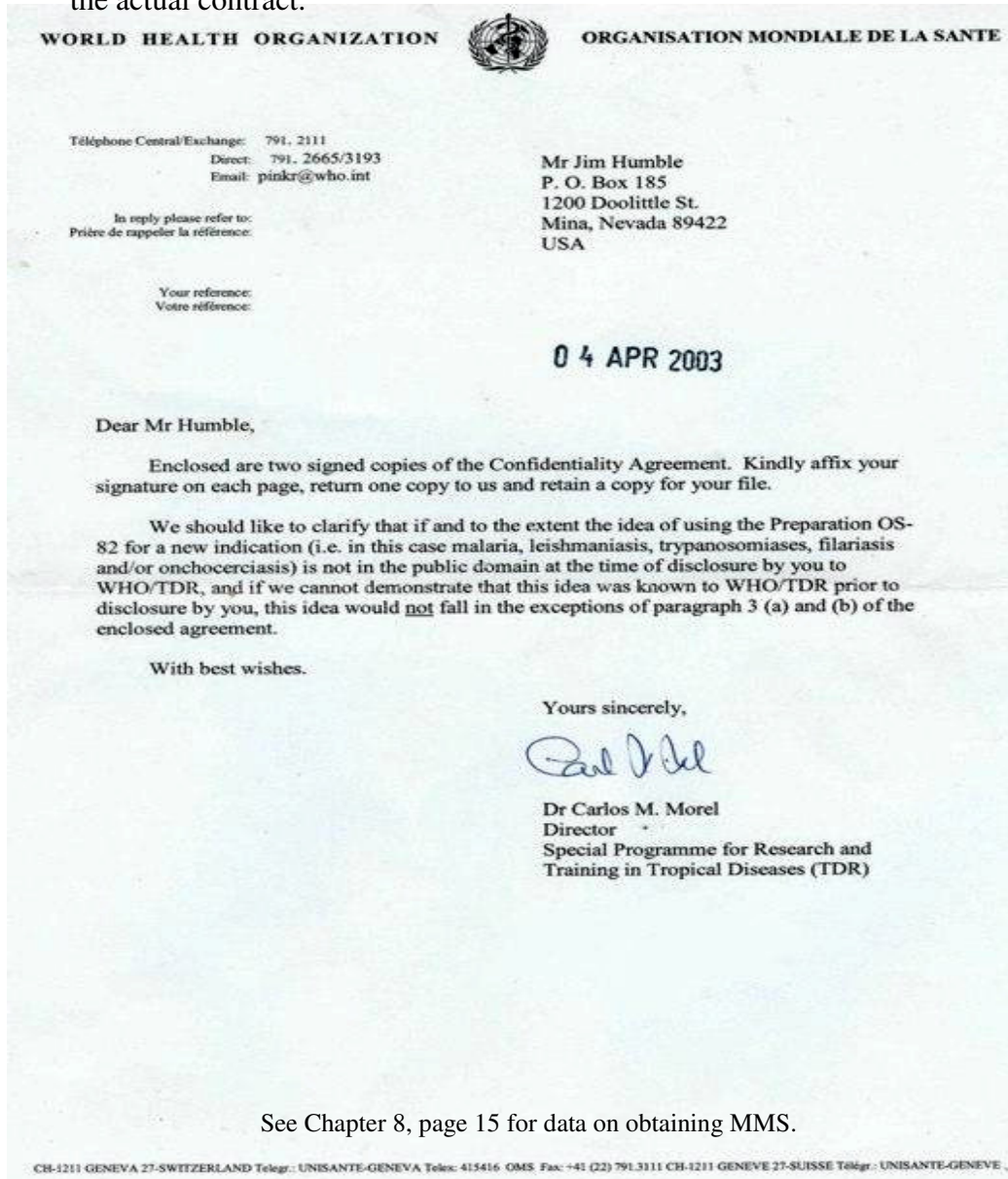
stating that they were testing my solution in a separate lab. They had contracted with a doctor to do the testing for them. I was enthused to learn that the doctor was actually of doing the testing. But he tested it on mice and reported it simply didn't work. I was amazed, but he reported that it wouldn't cure mice, or even improve their condition. There was nothing more I could say as I wasn't present when the testing was done. So at that time 35,000 human field patients were back to health, but it wouldn't cure a mouse? Sorry, but I don't believe him.

There is a country in Africa that won't even allow WHO to come across its borders. It seems to me that WHO, if they were really interested in helping the world as they claim to be, would have at least given the MMS a comprehensive test. That's especially true after they were informed of the successes in Kenya and Uganda. At that time over 35,000 people had been successfully treated in the field, based on reports said that everyone went away feeling good. I also informed the doctor of our field work, but he was not interested. Had they been even slightly interested they would have invited me over to help them with the testing. The doctor doing the testing didn't have the slightest idea what the MMS is about. He didn't understand it. He didn't understand the vinegar activation and he didn't understand what the chemicals were. He didn't want to know. He preferred to use my solution without knowing what it was. My evaluation of his disinterest is that he just wanted to prove it didn't work and that was that. Let me say it again, he was absolutely totally disinterested in the fact that 35,000 malaria patients had been successfully treated in the field. I talked to him at length on the phone, but again, he showed total disinterest. Obviously, all WHO wanted was a doctor's signature that said that the MMS didn't work.

There was also a doctor in Israel who also tested MMS, and said it wouldn't work. But guess what, he refused to use vinegar to activate the MMS. He said that acetate was the same thing and he used only acetate. Well the fact is, acetate is not the same thing as vinegar. Chemically it's totally different, but he simply would not use vinegar as he obviously believed he knew best.

See Chapter 8, page 15 for data on obtaining MMS.

I thought you might like to see the contract that I had with WHO. The contract is several pages long and there really isn't enough room here to show it, but they (WHO) sent a letter along with the contract. I have included that letter on the next page. If you are really interested in seeing the contract, just write me and I will send you a copy of the contract. You could even come by my place and view the actual contract.



At this time Arnold began pushing his ideas about the MMS. He said that I could not give any more away. We went through that same thing from time to time. He wanted us to keep control of every bottle. I am sure, from Arnold's point of view, he believes that he was the man who got everything in Africa going. He continued to meet people and groups that just might finance us to go to Africa. I continue to live out here on the desert and Arnold continued to not allow me to meet any of the people who might finance us in Africa. I wrote this paragraph today simply because I gave two local people one bottle of MMS each and Arnold found out and there was a long discussion about how I might go to jail because of it. Today I just got a call from Arnold as he was leaving San Francisco after talking to one more prospective donor. Another one he would not let me meet.

Out here in the desert, only writing emails to Africa, I was able to get over 5,000 people treated and cured of malaria since March of 2004 by making friends in Africa. Arnold had done nothing during this time except talk about what he is going to do in Africa. Nothing had happened. According to him, he had unlimited money (at least in the millions) to handle Africa and I had just my Social Security check.

One day in the desert, about one year after coming back from Uganda, while working on the roof I fell off and broke my neck. I was rushed to the hospital in the nearby city, but they didn't have the necessary equipment so they flew me by airplane to Reno. Finally, they opened my neck up and put a titanium screw into the 2nd cervical in my neck (the same bone that the actor who played Superman broke). You should see the screw. It looks like a 1-1/2 inch wood screw. I also broke my back at the same time. My back healed quite quickly, but my neck refused to heal. The doctor left the bones not quite touching. The screw should have had another 1/2 turn. Six months went by and still no healing. The doctor was insisting that he open my neck back up and put two more screws in place. The Veterans Hospital said that I must have another operation as well, but they had another idea of how to do it. However, they couldn't get to it for another six months. I was left between a rock and a hard place or a broken neck.

See Chapter 8, page 15 for data on obtaining MMS.

Finally a friend in Canada, Michael Haynes, suggested that I look into magnetism. In my search of the Internet I found a group of clinics that were using a new theory of magnetism and that the clinics were having really great results. The cost was very high. After getting as much evidence of the new technology and as much data on the old technology as I could find I bought some of the strongest magnets now available. In fact, they are so strong that they are dangerous. They can squash a finger or cut it off when being handled improperly. The new technology works on the basic concept that magnetism must have a completed magnetic circuit through the body in order to get maximum healing power.

During this time I continued to communicate with as many people in Africa as I could, plus sending emails to various organizations. With the magnets I bought I constructed a steel curved piece that would allow for a completed magnetic circuit through my neck with the South Pole nearest the broken bone. I put the magnets in place for a total of five days and nights sitting up all night to make sure they were exactly in place. At the end of five days my neck began to swell up. I went back to the doctor and had another x-ray. The bone was completely healed. The doctor removed my neck brace. He said that I didn't need it any more. He said he was glad that he decided to wait before giving me the operation. He didn't remember that I was using magnets. He didn't care and he wasn't interested. In fact, he would have preferred to give me the operation. He didn't decide to wait before giving me the operation. I didn't get the operation, because I refused it. If he had his way, I would have had the operation.

I don't know what all the magnetic circuit does, but I do know that the extremely strong magnets cause the area to swell with blood and turn red. No doubt the extra blood aids in the healing. The x-rays before and after proved that the bones healed in the five days that I kept the magnets in place. I was mainly relieved that if the opportunity came to return to Africa, my neck was healed and I could go.

See Chapter 8, page 15 for data on obtaining MMS.

If you have problems with getting bones to heal, look into the magnetic side of healing bones.

As time passed a man from Guinea called and wanted us to go to that country and treat the people there. He said that he was a friend of the first lady and that he could get us approved by the government. He had told the first lady about us and they were anxious for us to come to Guinea. Arnold finally took me to meet him and we talked. Things were being set for us to go. I called this man from Guinea and then all hell broke loose as Arnold told me that I was never to talk to this man again. He would never allow me to talk to anyone that he considered his contact. There was the hollering and screaming that I so hate and cannot take part in. As things turned out, this man decided he was going to dictate the terms of our every move in Guinea and it was simply something that we could not accept. At least that is what Arnold told me. So we didn't go to Guinea. I can't tell you how humiliating it is to be told that you can't even talk to someone. The date at this time was the first part of 2005.

Chino goes to Sierra Leone West Africa

A very active young fellow by the name of Chino contacted me and stated that he would like to know more about the MMS (We were calling it the Malaria Solution at that time). I met Chino in Beatty, Nevada about March 2005. I explained how the MMS worked and mixed some doses and had him take a dose.

Chino explained that his family in Sierra Leone owned a large gold mining concession along the main river there. He explained that the malaria was so bad that everyone in his family had malaria and many people there had died of malaria. He said that he needed as much of the MMS as I could furnish him. I said I would try to get him as much as possible. We had decided to charge a price that any African could afford at that time, which was about 10 cents. I explained the price

See Chapter 8, page 15 for data on obtaining MMS.

and he said that he could get the money. I furnished him with 20 bottles at that time which could treat 450 persons a bottle. I gave them to him free of charge, but he insisted that he would pay in the near future.

About two months later he visited me in the desert. He had been to Sierra Leone and treated about 1,000 people in the village and area where his family lived. He said that more people were there waiting for him to bring more bottles of the MMS. He explained that it was not possible to charge anything for the doses that he gave the people. He said that the minute he began selling doses for any amount of money, the government would come and take the money and the MMS. That's the way it is in East Africa. The government wants all the money and all the business. If you give the doses away, there is no money in it and the government is not interested. The only way to make it work is bring it into the country and give it away without charge.

Picture: Chino's Relatives in Sierra Leone help him treat hundreds of people. The plastic glasses each hold a dose of MMS.



See Chapter 8, page 15 for data on obtaining MMS.

Otherwise the government will take it and sell it only to those who can pay large sums for the treatment. His assessment of the situation was that to furnish it for freely was the only way that the people of Sierra Leone would ever get the MMS. But, he said that he had people in the U.S. who would furnish the money. I didn't ask him for money even though that he he kept saying would pay.

Picture: People line up to take a dose of MMS in Sierra Leone. Notice how closely they stand to another. This was Chino's operation.



though that he

one

I put together 100 bottles with 450 does each. Then Chino and I traveled to Reno and shipped the bottles to Sierra Leone. He paid for the shipping with a credit card. I asked for no money, only that he give us a signed letter from each person that was treated and cured who had malaria. He then left to go back to Sierra Leone to begin treating more people. He later returned from Sierra Leone after treating an additional 5,000 malaria victims. This trip took about three months. He had a camera and his cousin took a number of pictures of the people during the process. When he returned he did not have any letters signed, but he did have the pictures. Later he asked for more bottles. We never refused any of his request for bottles even though he did not bring the signed letters. I have included pictures of his work in Sierra Leone.

John continued to talk about furnishing the money for us to go to Africa. Arnold said we couldn't go until we had an invitation.

See Chapter 8, page 15 for data on obtaining MMS.

Because they had money and kept talking about financing a trip to Africa to do clinical trials done, I kept quiet. They relied on my desire to see the people of Africa cured. Thus they could take my technology, allow me no say at all, and pay me nothing but expenses for the trip, which of course, was really nothing. They assured the sponsors that no one (me) would be receiving payment for the technology. They said that the sponsors wanted all of their money to go toward treating people in Africa. I couldn't really argue against that. How could I be so selfish as to want some return for my technology? The fact is though, I never knew who the "sponsors" were.

I finally realized that although they were ensuring that the money went towards treating people in Africa, they were also using my technology to become known in the country of Malawi. They were then working towards several different business ventures there including mining and a new rice technology that would furnish rice protein worldwide. I'm not included in any of that. I don't want to be. I figure that if I continue to attempt to get this MMS information to the world, money will eventually come my way. If not, at least I know that this data is too important to have it under the control of any one person and I am not going to allow that to happen. I will see that it is published to the widest audience that is within my ability to reach.

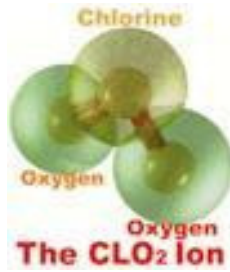
Picture: Chico on the left, gives a dose of MMS to a boy that is in this case somewhat reluctant to take it. Most children are very enthusiastic about the MMS, looking at it like some kind of a magic.



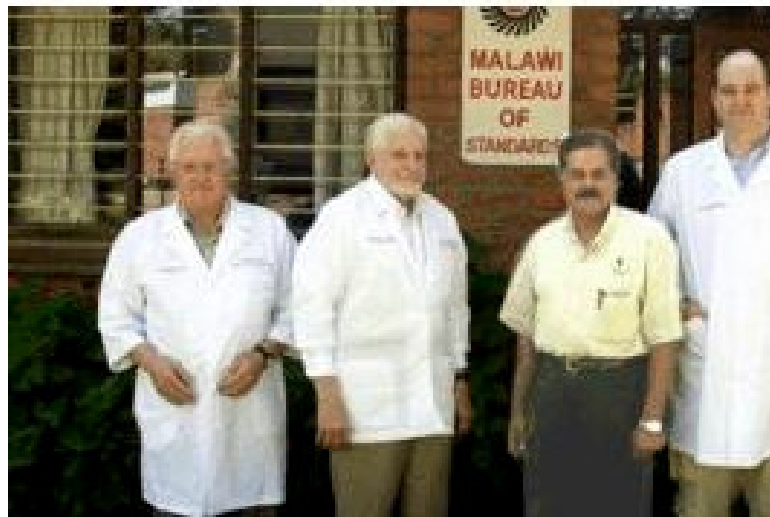
See Chapter 8, page 15 for data on obtaining MMS.

Chapter 8

Malawi East Africa



We, meaning the Malaria Solution Foundation formed by me (the author) and Arnold, finally received an invitation, not from the government of Malawi, but from a businessman there. His name is Zahir Shaikh. He is a great humanitarian. Once he learned about us, he wanted to help his people. So with his invitation and money that John furnished, Arnold and I flew to Malawi in February of 2006, along with two other people that Arnold wanted to bring along.



Picture: From left to right, James Christiansen, Jim Humble (author), Zahir Shaikh and John Wyaux.

On the night before we left for Malawi, we were having a farewell dinner. John said to me, but with everyone listening, “I just want you to know that you have to do everything exactly how Arnold wants it, or there will be no money to finance you in Malawi. You are a loose cannon and we can’t have you screwing things up.” I simply replied, “All right, I’ll do it Arnold’s way.” Talk about “off the wall,” everything

See Page 15 of this Chapter for data on obtaining MMS.

was already being done Arnold's way. They had already insured that I had no say. It had been told to me again and again. John just had to get this one last dig in for no apparent reason so far as I could see.

There were many things that were not going to work Arnold's way, but he would have to see it for himself as we went along. He certainly wasn't going to listen to me.

I wanted to walk out on the whole thing. It's not a way I enjoy being treated, but we were slated to be treating sick people in Malawi and I just couldn't walk out. (The fact is, if I had walked out the mission would have failed). Yes, it was John's money that was making it possible, but it was also my years of work pushing the idea and my technology that also made it possible. I had no idea that they considered me a loose cannon, as I had agreed to their demands. When I returned a little over a month later John apologized because his girlfriend said he should, but that didn't really change anything. Money people have a tendency to not respect people without money. Money, however, was never my thing. I spent 50 years and hundreds of thousands of dollars studying spiritual philosophies and religions. I have something John and Arnold will never have and will never understand. My spiritual studies had enabled me to be sufficiently receptive to new possibilities so I could discover the MMS in the first place.

Zahir Sheikh (see picture) was the businessman who invited us to Malawi. He is an East Indian whose ancestors moved to Malawi many years ago. He took us all around the capitol of Malawi to many government offices helping us get approval for the MMS (which we called at that time the Malaria Solution). Our success in getting the MMS accepted in Malawi was completely orchestrated by Zahir. Every day he would take us around the city, in his automobile, to visit various officials, such as the Chief of Police, the Inspector General, the Health Minister, and so on.

See Page 15 of this Chapter for data on obtaining MMS.

When we visited the office of each official, Zahir would introduce us, Arnold would talk about our mission to bring the MMS to Africa, and then he would suggest that I tell them the details of how the MMS really works. At that time I would spend 10 to 20 minutes explaining the basic chemistry of the MMS. The time I took was mostly determined by how many questions that they asked. I thought this was particularly interesting because before we left on the trip, Arnold was extremely adamant that we should not tell anyone in Malawi about how the solution worked. That was one of the reasons they called me a loose cannon. I tried to point out that our program it would not be workable if we didn't tell people how the MMS worked. That was one of the main points of contention.



Picture: Three of the prison nurses watch as the Author shows them how to mix the MMS.

I was forbidden to tell them how it worked, and to the very first person we went to see, Arnold said, “This is the inventor and he will tell you how it works.” So for months Arnold was stuck on not explaining how it works. But when we were actually there, Arnold immediately saw that

See Page 15 of this Chapter for data on obtaining MMS.

we would have to tell them the details. This was one of the many examples that was used to show me that Arnold must have complete control.

I didn't really push the point, because I knew that the doctors and the scientifically trained officials would never allow us to do anything without an explanation of how it worked. At one point Arnold even said to me, "If you start telling them how it works, I will take you down to the airplane and send you home." (That was when we were talking about going to Guinea).

Another point of disagreement was Arnold's insistence that we should not be the ones to administer the MMS, that we should only train the people there and then let them give the MMS to the malaria patients. But that simply wasn't practical. I didn't push that point either as I knew Arnold would have to change when he got there. When you bring a medicine, you had better be prepared to give it to the people. If you don't, no one will trust you, and they will have no trust in your medicine. As it turned out, we always gave the doses. Arnold was smart enough to see that it had to be that way. To hand the medicine to a local and say, "Here you give it" just doesn't work in Africa. They conclude you are afraid to give your own medicine.

So as the inventor, when we arrived at different places, I made sure we gave the doses and Arnold quickly saw the advantage. When we went to see an official I generally would mix doses for everyone, including the officials, and believe it or not, every official we saw was willing to drink a dose. So the very first thing we did in Malawi was to personally give people their doses of the MMS. Then when we finally got out to the prisons or other places, again we were the ones to dispense the doses. In the entire time we were there, I do not believe that we had a single Malawian dispense the doses. Basically, everything went the way I said it would go, but there was no recognition of that. Rather there was just increased determination for everything to go the way Arnold dictated.

Things do change rapidly there. When they see that you are willing to give the medicine and that it works, then they begin to ask to be allowed

See Page 15 of this Chapter for data on obtaining MMS.

to handle the medicine and the situation. One must not show in any way that he is hesitant about dispensing the medicine.

While we were in Malawi, Arnold fired the two other people that he brought with us. One was a photographer named James Hackbarth and the other, a friend of Arnold's, named John Wyaux. I won't tell all the details, just the highlights. The most embarrassing part happened in probably the most exclusive restaurant in town. Everyone had on suits and ties and we were the only white people there. Arnold stood up and shouted at John Wyaux. I never really knew why. The whole restaurant went deathly silent when Arnold began to shout. I just sat there looking at my plate, too embarrassed to look up. Finally being so angry, Arnold stomped out of the restaurant, and things settled back down to the normal murmur of conversation. I found out the next day that John had said something to Zahir, our businessman helper, but Zahir never heard what was said. And I didn't hear what was said. In fact, no one but Arnold heard what was said, not even John knew what he had said that set Arnold off. To this day, I don't know what John said, thus I still have no idea why he was fired.

Three evenings later Arnold was slightly under the influence of alcohol. He entered James Hackbarth's room and fired him because he wasn't taking the right type of pictures, according to Arnold. I admit, I didn't like some of his pictures, but I figured all we had to do was explain exactly what we wanted. In any case after that, Arnold told both of them that they could get home the best they could. During the few days that they had left, Arnold was extremely rude to them anytime he saw them. Perhaps I should have gone home with them, as no one deserves that kind of treatment, but I wanted the Malawi project to succeed so badly that I was able to compromise my integrity concerning the treatment of my acquaintances. All of my decisions and choices were then, and still are predicated, on the idea that I want the MMS to be in use widely throughout the world.

See Page 15 of this Chapter for data on obtaining MMS.

We had the same problem in Malawi that we had in Kenya. The initial doses that I mixed were too weak. When we were first treating prisoners in our clinical trials at the prison, they were coming back the next day, feeling better but not totally cured. So, I began increasing the doses. There was one other problem. We were purchasing juice that had vitamin C added as a preservative. The added vitamin C reduces the effectiveness of the MMS by about 75%. I had already proven this fact, but I let it slip by me at first as I had never had a real problem with it before. Once I realized that vitamin C was present in the purchased juice, I started using only fresh juice, and also increased the dosage. Then we began to get a 100% recovery rate from malaria.

Picture: Two female prison inmates give their babies the MMS formula. Both babies were okay in 24 hours.



Someone had suggested that doing clinical trials in the local prisons would be the easiest thing to do and the easiest place to get permission. We decided to give it a try. We visited the local prison by the name of Maula in the city of Lilongwe, which is the capital of Malawi. The manager of the prison gave us permission to talk to the medical technician. The assistant medical technician's name was S.S. Kamanja. Although he was the assistant, he was always the only one there. He arranged for us to do the clinical trials. We slipped him a few dollars at several different times and he was quite cooperative. Actually, it is only fair to mention that he was quite cooperative even before we slipped him a few dollars, but he was such a nice man that we thought it would be nice to help him out a bit.

See Page 15 of this Chapter for data on obtaining MMS.

We then left the prison to find a lab or hospital that would be able to process blood samples. It was especially important that they be a separate organization. We finally settled on a medical hospital called MARS which was an international organization. MARS stands for Medical Air Rescue Service. Dr. Joseph Aryee was the head man there and he was very responsive to us. We explained what we wanted to do and what our MMS actually did. We mixed our normal drink to show him. He went ahead and drank the mixture as did most other officials in Malawi. He assigned us a medical lab technician whose name was Paul Makaula. Dr. Aryee said that all we would need to do would be to pay Paul's salary while he was working for us. We agreed on \$300 U.S. for six days, plus we agreed to pay his gasoline and other expenses. Dr. Aryee allowed the medical lab technician to use the MARS lab and microscope for the blood tests from at the prison at no charge, which we thought was very generous. He wanted to be of some help.

Throughout the country of Malawi the officials all drank a full dose of the MMS. If it had been a drug, they probably would not have taken it. If they were not willing to take the MMS, which is merely a mineral supplement, then they would not be willing to have their people take it. In my opinion, these officials were very courageous to assist us to help their people. They were willing to take the doses of MMS just on our say so.

It is my belief that the reason the Pharmaceutical, Medicines and Poisons Board so readily accepted our MMS as a mineral supplement rather than a drug was that so many officials drank it without hesitation when we told them that it was not a drug. In essence many people really wanted to see the MMS help their country. They wanted it to work and they were willing to cooperate in order to have it work for them.

Back at the prison the next morning, S.S. Kamanja brought in the first 10 men. They were given six drops each, with $\frac{1}{4}$ teaspoon of vinegar, the three minute wait, and then pineapple juice was then added. Arnold checked each patient for temperature. The first thing we learned was that those ear thermometers simply do not work in Africa. I think it is because ears in Africa, especially in prison, are cleaned differently, or

See Page 15 of this Chapter for data on obtaining MMS.

not at all. Luckily we had the plastic strip thermometers that you just press on the forehead. Within about 10 seconds the temperature can be read in the plastic. Finally Arnold was using the strip thermometers on everyone he checked. The strip thermometer worked well and we were able to get the temperature of each patient which was generally quite high. Paul, the lab technician, stuck each patient's finger and took a blood sample and put it on a slide with the patient's name. These slides were then taken back to the MARS laboratory and Paul checked each one on the microscope. We carefully recorded the data from the 10 patients that morning after taking the blood samples. Then I mixed the doses in plastic cups and Arnold handed the cup to each patient.

When we had finished taking blood samples, recording the data, and after giving each of the 10 patients a dose we asked if there were any more prisoners complaining of malaria. Kamanja said that there were 19 more. We said, "Bring them all in and we will dose all of them," which is what we did. We returned that afternoon after 3:00 p.m. to see the results but they were not so great. Most said they were feeling better, but they all still had fevers. The fever had been reduced in only one man. I knew something was wrong. We dosed everyone again including the 10 actually being tested and the other 19 that were just receiving a dose without taking blood samples or having records kept. We again used only six drops.

You probably guessed it, the next morning everyone still tested positive for malaria. It was then I began to remember that in Kenya I had been using 15 drops. We only used six drops in the U.S. for maintenance. I began to get an inkling of what was going wrong. I also remembered the experiments proving that vitamin C reduced the effectiveness of the chlorine dioxide. I began working that evening at getting the correct juice without vitamin C added.

See Page 15 of this Chapter for data on obtaining MMS.

The Malawi prisons are much like concentration camps. The prison is closed in by with only a wire fence with barbed wire at the top. There are armed guards at the corners of the prison in small guard shacks. While we were there, they asked us if we would like to see the women's quarters and of course we said yes. The women sleep on the bare floor with only a blanket or two. Arnold said that he would get the women a foam mattress to sleep on. Women who have children have the children stay with them in the prison. The guards get most of the food slated for the prison and sell it elsewhere. Therefore, the inmates have very little to eat. They do raise a few vegetables like potatoes. There is a single toilet for the entire women's dorm with water continuously running down the toilet. Aside from the bare floors, the prison stays fairly clean. The women bathe outside under a water faucet out of the sight of the men.

Picture: Shows 5 pads where the female inmates sleep. Children also stay here with their mothers.



There was one man in the prison that had a high fever, but his blood test came back negative (meaning no malaria present). Since he seemed to have malaria symptoms, we suspected he may have been faking it. However, when we gave him the MMS, his temperature came down to normal overnight and his symptoms disappeared. Paul, the lab man, said that he checked the blood a second time, but no malaria parasites were present. In any case, he got well even if it wasn't malaria. There was also one prisoner who refused treatment. But since he was there, we recorded his name and temperature anyway. Several days later, when he saw all of the other prisoners getting well and he was still

See Page 15 of this Chapter for data on obtaining MMS.

sick, he decided that he wanted to be treated also. So, we went ahead and dosed him and he was okay the next day.

I finally realized that the pineapple juice from the grocery store had vitamin C as a preservative. As I mentioned before, Vitamin C prevents the MMS from generating the chlorine dioxide that is necessary. We bought pineapples and a juice maker and made our own juice. In addition to using fresh juice we increased the dose to 18 drops. The next morning, before using the 18 drop doses, we again checked the patients. Of the 10 from which we had originally taken blood samples, the one man that did not test positive for malaria was feeling okay. The other nine again said that they were feeling better, but not well. A second blood test was done. This test showed that the malaria parasites were still present but the parasites looked distorted in several cases. We then dosed everyone with 18 drops and used the fresh pineapple juice. We also dispensed the same 18-drop dose to the 19 additional prisoners with malaria.

The blood tests that our lab man took the next morning all came back negative and all patients reported they were feeling good. The other 19 also reported feeling good, as well. We then selected another 10 cases to check and we had Paul, the lab man, take their blood. We treated them with 18 drops of MMS and used the fresh pineapple juice in their doses. Arnold was very helpful and assisted in everything. He handed out the doses to the patients and took their temperatures while I while I mixed the doses and recorded the information. The next morning (24 hours later) their blood all tested negative for malaria. In addition, all of the “old” patients that we treated in the prison were still feeling well.

I had learned in Uganda that the sure way to completely destroy the malaria parasite was to use two doses of 15 drops each, separated by one to four hours. If that had been the way we had started out, there would never have been any trouble here. I have to plead being old with a poor memory. Two years had passed since the treatments in Uganda. I simply had forgotten the details and had to learn them over again. In the U.S. we usually just use six drop doses for maintenance, but we often need to go above six drops to cure some diseases. I had forgotten

See Page 15 of this Chapter for data on obtaining MMS.

that we were doing two 15 drop doses in Uganda. I'll never make that mistake again, and hopefully someone smarter than me will be doing it next time anyway.

At the end of the prison tests, Dr. Aryee at the MARS hospital reviewed Paul's lab blood tests and gave us a very positive letter. The fact was, that every patient that originally tested positive for malaria in the blood tested negative after MMS treatment and they were feeling fine. It took several extra doses for the first 10 tested, but all eventually tested negative. Let me say that again, all eventually tested negative, which made it 100% successful even if it did take an extra day to get the first group cured.

While in Malawi we also visited several grass hut villages. There we treated every kind of sickness you can imagine. We dosed the villagers as they came up to us telling us what was wrong. We didn't refuse a dose to anyone. Why not treat as many as we could, it's only a mineral supplement. Most of the people in the village have one disease or another. Their water is not pure. The warm weather encourages all kinds of diseases. They walk with bare feet and the grass and streams have diseases that enter through the skin. The next day when we returned to the village, most of the illness had been overcome. A number of people had vomited worms and some had dead worms in their stools. In the future, we hope to go back with enough solution so all of the villages can have what they need.

Let me mention at this point that after Arnold fired the two people he had brought, he was very active in getting things done. He made things happen. I was pretty much just along for the ride at that point. I had no say in how things were done. Arnold dictated everything and he made it work. So I helped at the prison and made suggestions to Arnold. I carried the technical side of things. But Arnold controlled all phases of the operation. I really didn't need to be there except to figure out why the solution hadn't initially worked and then make the necessary adjustments. The fact is, Arnold made the whole operation work and it was successful.

See Page 15 of this Chapter for data on obtaining MMS.

Arnold asked me once, “How would you have done it differently?” Well, I would have done many things differently, simply because no two people do things the same way. But, had he asked me if I disagreed with how he did things well, I felt that there was no point in nitpicking. I would not have disagreed with anything except with the way he fired the two guys who he brought along on the trip and the fact that he tried to keep such complete control of the bottles of MMS solution. At one of the villages I wanted to leave a bottle with the chief, but Arnold insisted that we would come back the next day to treat those who needed a second dose. But we never got back, although I suggested it several times. Thus many went untreated, and in any sort of a situation where we didn’t keep our commitment it was upsetting to me.

I hope you understand my purpose. I don’t just want to help some people in some villages. That is great to do and we enjoyed it, but my real purpose is to first prove out the MMS to the point that the world becomes willing to use it to help destroy many diseases in Africa including malaria and AIDS. When that happens, the world will need to spend less and less money on Africa. Right now, the world sends untold billions of dollars in Africa. Malaria alone is the biggest cause of poverty in Africa. Each year 500,000,000 people are sick with malaria and can’t work, and millions more have AIDS and other diseases. It also takes millions of other people to care for the sick. Everywhere you go in Africa you see nonprofit humanitarian groups working to help the people there. Billions and billions of dollars are being spent in an effort to help Africa, but still it isn’t enough. This money will not be needed when these diseases are under control or even eradicated. Those billions of dollars can be allocated to other purposes.

We accomplished a lot in Malawi. We got several agencies of the government to accept our MMS as a mineral supplement, which was important, but we treated less than 100 people while there. After we got the government acceptance and did a couple of 10-patient clinical trials, we went home. In actuality we did a total of three clinical trials. Finally, six months later we also found out that the clinical trials

See Page 15 of this Chapter for data on obtaining MMS.

conducted by the Malaria Board of the government resulted in the same 100% recovery from malaria that our tests proved in the prison.

There is the promise to treat the entire country, and I hope we do. Arnold did a very good job. He kept at it until we had our data. We, however, did not come close to doing what we had come to do. We were going to spend a great deal of time in the villages training the chiefs and others to use the MMS. We only went to three villages in all.

We did not train anyone in a single village to use the MMS. That was really what we were there for. We left, I assume because we were out of money, but I never knew why. I wanted to stay and do our job. It was merely told to me that we were going home, so we went home. Our original idea was to treat a few thousand people, but we went home after doing three clinical trials.

We left Malawi for the U.S. on April 27, 2006. I again wound up out in the desert in Mina. Nothing has happened in Malawi since then, only lots of promises. I have been working for Arnold as the foreman of a crew of men fixing up his mill. It is a chance for me to make a few dollars while I am writing this book. John is financing most of the operation there at the mill. (This is not the same John that was fired in Malawi. This is a friend of Arnold's that has been helping with finance for some time.) They are spending hundreds of thousands of dollars on the mill and mining operations. They keep talking about returning to Africa, but it doesn't appear to me that it will happen any time soon because Arnold will have to be in charge of operations here or they will lose money. My single goal is to get the MMS to the world, and thus this book.

Up to this point Arnold still doesn't allow me to talk to any of the new groups that he finds that are interested in helping our cause. I suppose that he believes that I am as bad with people as he is. Isn't it normal for people to see faults in others that they themselves have? Things have changed see the update paragraph below.

I have a strong desire to see the entire country of Malawi treated for malaria. Arnold and John continue to say that they will furnish the

See Page 15 of this Chapter for data on obtaining MMS.

money, but Arnold does not trust me to go to Malawi alone and he is not ready to go, as I write this book. However, even if they do treat all of Malawi, and start on the next country, they still plan to keep the MMS solution a secret. They want to treat all of Africa while keeping it secret.

I must see that the world gets the complete information. Even if organizations and people throughout the world know the secret of MMS, that should not prevent us or others from seeing that Africa is treated for all the diseases that the MMS will handle. Hopefully, everyone will understand that. I have furnished as much information as I can in this book so that you, the reader, can save lives. You really can; please try.

To give you an update as of now (8/10/2007): I left Arnold's operation last year, about mid year 2006 and came to Mexico and self published the first edition of this book. Since then more than a thousand people have read the book and several thousand have taken the MMS. Many are well and lives have been saved. At this date the 2nd edition is about to be printed and the Spanish edition will be printed at the same time. I am hoping that this 2nd edition will help furnish enough revenue to begin the project in Malawi of overcoming the malaria there. So far this book has only been self published and sold on my Web Site, but as time goes by and the book continues to be successful, I am sure a publisher will become interested and publish it more widely.

Available MMS for you to purchase immediately. If you don't want the hassle and you would like to try my exact formula, you can order it from my friend in Canada, Kenneth Richards, or other places in the US where other people are manufacturing the MMS. At this time they all charge about the same price. Most are putting it in the same size bottle which is a four ounce size bottle (it contains actually 5.5 ounces) for only \$20 USD plus shipping which is small. So far they have kept the price down. I want everyone to be able to afford it without spending a lot. There are 650 six drop doses in this bottle. It should last you up to two years. That's far more solution than anyone else selling the weak solution of Stabilized Oxygen. So, make

See Page 15 of this Chapter for data on obtaining MMS.

it yourself, or buy it. Just get it into as many hands as possible. For information about obtaining this product (MMS) go to the following Web Site <http://www.health4all.info.ca/>


NOTE ADDED 2008:

Check the web site where you found this book or do a WEB search for MMS.

I have no personal interest in my friend's operation, but he has agreed to donate \$1.00 per bottle to the operation that is distributing the MMS to Africa. So you will be helping the project in Africa with your purchase. Go to Web Site <http://www.health4all.info.ca/> for further information.

One other thing, he has also agreed to furnish enough MMS to supply an entire country in Africa at no cost. Whatever country that requests it first, I assume is the one that will get it.

The next several pages show documents from the Malawi government. The documents give evidence that we were there. You could always give them a call.



MALAWI BUREAU OF STANDARDS

Our file code: BS/LAB/35/4 Our date: 06-04-07
Your file code: Your date:

Address Correspondence to the Director-General

Malaria Solution Foundation
P.O Box 719,
Lilongwe

Dear Sir

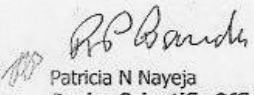
MS SOLUTION AND NALI VINEGAR

We submit our Report No. 354/AJ 134 on the analysis of the above mentioned sample which you brought to the Bureau.

Our receipt No 42483 for MK2,791.25 being the cost of testing and reporting is attached for your kind attention.

We thank you for using our facilities and look forward to serving you again in future.

Yours faithfully


Patricia N Nayeja
Senior Scientific Officer
For: DIRECTOR-GENERAL

PNN/ljm

A STATUTORY CORPORATION ESTABLISHED IN 1972

Postal Address	Office Address	National Tel	: 01 670 488	National Fax	: 01 670 756
P.O. Box 956	Moine Pond	International Tel	: +265 1 670 488	International Fax	: +265 1 670 756

See Page 15 of this Chapter for data on obtaining MMS.



PHARMACY, MEDICINES & POISONS BOARD

ALL CORRESPONDENCE SHOULD BE ADDRESSED TO THE REGISTRAR

Telephone: (265) 01 750 108/755 165/755 166

P.O. Box 30241
Capital City
Lilongwe 3
Malawi

Fax: 265) 01 755 204

E-mail: admin@pmpbmw.org
www.pmpb.malawi.net

Ref: PMPB/PR/114

12th April 2006

The Manager,
The Malaria Solution Foundation,
USA.

Dear Sir,

REGISTRATION OF MS SOLUTION


I would like to acknowledge receipt of dietary mineral supplement (MS Solution) and its write-up.

Well, if this product is indeed a dietary mineral supplement, then its not under the jurisdiction of Pharmacy, medicines and Poisons Board to register. But the claims of the label on the bottle suggest that it cures or alleviates certain medical conditions which may include malaria.

The composition of the solution of sodium chloride (NaCl) and water which may have undergone electrolysis to make chlorine dioxide (Cl₂O) which may kill pathogens does not show any pharmacological activity. From the documentation, it does not stipulate the pharmacological activity and mode of action on the malaria plasmodium. Similarly, the medical journals do not mention anything concerning this preparation.

Moreover, in Malawi the Malaria Control Programme through its taskforce is the sole authority that can accept or refuse an anti-malarial medicinal product in Malawi. This is to protect the public and the resistance of anti-malarial drugs.

See Page 15 of this Chapter for data on obtaining MMS.

Yours faithfully,

Aaron G. Sosola (Deputy Registrar & Head of Technical Services)
For: REGISTRAR
CC: The Project Manager
Malaria Control Programme
Lilongwe

See Page 15 of this Chapter for data on obtaining MMS.



Chapter 9

Understanding the Miracle Mineral Supplement

To understand the MMS one must understand chlorine dioxide as that is what is generated and what does the job in the body.

Chlorine dioxide is a high explosive and therefore wherever it is used it must be generated on site. It cannot be transported as chlorine dioxide. It will instantly destroy any container that one might try to house it in. It cannot even be moved through metal or plastic pipes. Numerous methods have been devised to generate chlorine dioxide and many different chlorine chemicals are used for that purpose. Chlorine dioxide is used for many industrial processes. It is used in paper mills to bleach the paper pulp white. It is used in cloth mills to bleach cloth. Probably the most important use is to purify water and thousands of water purification systems utilize chlorine dioxide throughout the world. In water purification systems it is selective for pathogens and other bio-organisms that might be harmful to larger animals and humans. It does NOT combine with hundreds of constituents with which free chlorine will combine. Free chlorine will combine with several items found in most water systems and will create carcinogenic compounds. Thus, although the initial cost of installing a chlorine dioxide systems is higher, in the long run the chlorine dioxide systems save money and they are much safer from a health standpoint.

One of the most popular methods of generating chlorine dioxide is by various methods of treating sodium chlorite. It is a white or slightly yellow flaky substance, and if you bought a jar of it, it would be either white or slightly yellow flakes. Keep in mind that table salt is not quite the same thing. Note the spelling of the last two letters. Table salt is sodium chloride. We generate chlorine dioxide from sodium chlorite.

See Chapter 8, page 15 for data on obtaining MMS.

Throughout the world today sodium chlorite (the formula is NaClO₂) is probably used to generate chlorine dioxide probably more often than any other method. For the formula for chlorine dioxide we merely remove the Na which is sodium, and we have chlorine dioxide, ClO₂. (Don't worry, you don't have to understand these formulas to understand the basics of what I am writing here.) There are probably several dozen methods of using sodium chlorite to generate chlorine dioxide. The FDA approves several methods of just adding swimming pool acid to a watery solution of sodium chlorite for the purpose of making chlorine dioxide which is used to sterilize chicken or beef before it is sold to the public. The FDA specifies that it be rinsed off of the chicken or beef before sale. The acid generates the chlorine dioxide from the sodium chlorite.

Amazingly enough, in a hundred thousand health food stores in the U.S. one can also find sodium chlorite in a watery form known as Stabilized Oxygen. In almost all cases Stabilized Oxygen is manufactured by simply adding 3.5% sodium chlorite by weight to distilled water, that's 35,000 ppm. You can do it in your kitchen. Just don't use any metal pots and pans, not even stainless steel. Use only plastic or glass or Corning Ware. However, you will be much better off making the Miracle Mineral Supplement with my formula or buying it from someone who is using my formula. I'll tell you exactly how to do that later in this book.

For 80 years hundreds of thousands of people have put a few drops of Stabilized Oxygen into their water or juice and drank it down thinking that it somehow furnished extra oxygen to their bodies. The few that realized that some form of chlorine was generated, mentioned it in passing, but still insisted that the chlorite furnished the body with oxygen. Somehow during all those years, not one of the alternate medicine groups ever decided to have a good chemist look at the formula, or at least not one of them wrote about doing so. The fact is that simple chemistry shows us that no oxygen is generated that the body can use.

See Chapter 8, page 15 for data on obtaining MMS.

Chlorine dioxide is a powerful chemical and it has many uses. It is an oxidizer, more powerful than oxygen but it does not use oxygen. Chlorine dioxide explodes when it contacts certain chemical conditions, and is neutral with other chemical conditions. It is selective. What do we mean when we say it explodes? Well, an explosion is merely a fast chemical reaction, mainly oxidation, that also releases energy. In the formula, ClO_2 , there are two oxygen ions. So why do these not get released these so that the body can use them? It's because they have a minus two charge. They have already done their oxidizing before they arrived in this position. They cannot oxidize further. But the chlorine can. When chlorine dioxide touches a pathogen or a poison that is acetic in nature, it instantly accepts five electrons. It destroys anything that it can draw electrons from and generates heat at the same time (this action is called oxidation even when oxygen is not a part of it). The oxygen atoms are then released from the chlorine dioxide, but they are not elemental oxygen. They are ions of oxygen with a negative two charge. They are at the same charge as the oxygen in carbon dioxide, a gas that will kill you if you breathe enough of it. The carbon dioxide is not a poison. In other words it doesn't do anything to the lungs; it is sort of like drowning. It prevents the lungs from getting the elemental oxygen that they need.

Hydrogen and oxygen mix together to become water. That's about all that the oxygen can do at this time. It becomes water, or it can become part of a carbon dioxide molecule. The chlorine, after the explosion of oxidation, has also lost its charge and it becomes a chloride which is basically table salt, which again has no ability to oxidize as it no longer has any charge. There is nothing else left to cause any kind of a side effect.

The basic idea is simply that oxygen and chlorine must be charged to the correct number of electrons, or they do not do the job of oxidizing. When oxygen is not capable of oxidizing it simply cannot do the job in the body that is required for oxygen. Thus what sodium chlorite really does for us is it gives us chlorine dioxide, a chemical

See Chapter 8, page 15 for data on obtaining MMS.

that is selectively to destroys almost all bad things that might exist in the body. Each tiny chlorine dioxide molecule has tremendous power to destroy those things from which it can draw electrons.

Chlorine dioxide does not last forever. It has too much energy bundled into a small area. It begins to lose some of its energy after a few minutes in the body and the same thing happens when it is released into public water supplies. In the body when it has lost some of its energy so that it no longer is explosive (unable to oxidize) it can then combine with other substances. There is some evidence that it helps make myeloperoxidase, a chemical that the body uses to make hypochlorous acid that is then used by the immune system to further kill pathogens, killer cells, and other things. Chlorine dioxide is the only chemical known that has these qualities and that can do these things in the body without creating side effects. In public water works, or the bleaching of paper pulp in paper mills, the chlorine dioxide is generated on the site where it is used, and in the body it is also generated on the site where it is used, from sodium chlorite.

How to Generate Chlorine Dioxide in the Human Body

All of those people who used Stabilized Oxygen for all those years didn't realize the benefits were coming from the chlorine dioxide and thus no one ever tried to generate more of it. They believed that the millions of oxygen ions that were connected to the chlorine were available to the body. Thus, they received the little benefit that resulted from the fact that when a few drops of Stabilized Oxygen is added to water it begins to release chlorine dioxide, but very slowly, too slowly to do much good. It releases a few chlorine dioxide ions per hour instead of per minute. There was always some benefit, but not nearly the full potential. For 80 years they missed it.

So if we are going to generate chlorine dioxide in the body, we need to do it about 1,000 times faster than what is now done when one adds a few drops of Stabilized Oxygen to a glass of water or juice. That gives you about 1 ppb (one part per billion) and what you really

See Chapter 8, page 15 for data on obtaining MMS.

need is 1 ppm (one part per million), and often even more than that. In fact, sometimes it takes 1 ppt (one part per thousand). But don't worry about those figures; one does not need to know all the technical details to make it work. Just know that to cure AIDS it takes at least a thousand times more chlorine dioxide than Stabilized Oxygen gives you, actually more like 10,000 times.

As it was mentioned above the FDA authorizes adding swimming pool acid to solutions of sodium chlorite in order to generate chlorine dioxide. All of those public water purification plants that use sodium chlorite to make chlorine dioxide also use acid in various mechanical devices that add the acid at a pre established speed to a flow of watery sodium chlorite. In the human body we have a tougher problem because we want to add a lot of chlorine dioxide, but not all at once. We want to allow it to exist for a few hours so that it can be carried around to all parts of the body. But chlorine dioxide deteriorates in minutes and will not exist in the body for hours if you just simply swallow some. There isn't any mechanical mechanism that one can use to add acid slowly to a watery solution of sodium chlorite inside the body.

The Importance of Vinegar or Lime or lemon or Citric Acid

That is where vinegar or lime or lemon comes in. The part that is important is the 5% acetic acid or the citric acid in lime or lemon. (Just recently, 7/1/2007, it has been discovered that pure citric acid works even better than vinegar, or lime, or lemon.) When one of these items is added to sodium chlorite it causes the solution to begin releasing chlorine dioxide on a continuous basis for about 12 hours. The addition of six drops of a solution that is 28% sodium chlorite (that's the Miracle Mineral Supplement) to 3 to 2 teaspoon of vinegar or lime or lemon will release approximately three mgs (3 milligrams) of chlorine dioxide in three minutes. That's the reason for the three minute wait, but when you add water or apple juice to make about 2 glass of liquid the process slows down to one mg per hour. But three mgs is quite a bit for the body. Thus these acids

See Chapter 8, page 15 for data on obtaining MMS.

have a particular quality that works to create a continuous supply of chlorine dioxide for about 12 hours. In addition to creating the continuous release of chlorine dioxide they also prevent the solution from releasing chlorine dioxide too quickly when the stomach acids mix with it. As the chlorine dioxide deteriorates new chlorine dioxide is continuously being generated in the body. Adding vinegar or lime or lemon to the sodium chlorite does the trick. If you don't add one of these items, all you have is the same old Stabilized Oxygen health drink, which is interesting, but it really doesn't get the job done.

You can see from the above paragraph that the MMS starts off with three milligrams of chlorine dioxide and then continues to supply chlorine dioxide to the body for about 12 hours. The initial three milligrams is what the body needs. The MMS works best to destroy pathogens when 2 or 3 mg of free chlorine dioxide are in the solution at the time it is swallowed. It has an immediate effect. We have been talking all along about six drops which is a maintenance dose. If you are treating a disease 15 to 18 drops is a full dose. But read the instructions, you usually start off with small doses and work up.

To give you an idea of what one milligram is, consider a standard U.S. dime. One gram is just about exactly 2 of a dime. Imagine 2
dime cut into a thousand pieces. One of those pieces is one milligram. That's how powerful chlorine dioxide is. One milligram of chlorine dioxide begins killing pathogens in the body. Over a period of 12 hours the body will receive somewhere between 12 and 20 mgs, and there will be about two milligrams of chlorine dioxide distributed through out the body at any one time, because as the chlorine dioxide is generated it is either used up by destroying pathogens or it deteriorates into other harmless chemicals in just minutes. When the chlorine dioxide degenerates, the final chemicals that are left are either chemicals that the immune system really needs, or the chlorine just turns to a chloride making a tiny insignificant amount of table salt and water. Because of this there simply can be no side effects. There is nothing left to cause side effects.

See Chapter 8, page 15 for data on obtaining MMS.

Make no mistake. Chlorine dioxide ions are extremely powerful. They bundle tremendous energy into a small particle. But they only remain that way for a few minutes. They contain too much energy to last for a lengthy amount of time. In the world of submicroscopic energy particles, they are a torpedo with a selective warhead. The chemical makeup of chlorine dioxide gives it that quality and no other chemical has that same quality.

Some people have taken more than 20 times the amount of Stabilized Oxygen (sodium chlorite). Perfectly healthy people may have a small amount of nausea for 10 or 15 minutes from that large of a dose, but if they have any bad conditions in their body, depending upon what they are, they might get nauseous for a period. A few people including myself, have tried 25 times the recommended MMS dose, and that will make you nauseous but it does not leave side effects. (This has already been tried and it would be extremely sickening to try it.) The point is, chlorine dioxide is not only not harmful but it is of great benefit to the body. Getting nauseous is the result of the chlorine dioxide attacking some bad condition in the body. In the case of a liver condition such as hepatitis, one almost always gets nauseous. The reason for this is that the liver begins to expel the poisons as the chlorine dioxide begins to destroy them. But it also cures the condition in record time.

One lady with hepatitis C did just what I told her not to do. Instead of taking two drops at first, she wanted to be certain that she killed it. She took 30 drops, added the vinegar, waited three minutes and added it to apple juice. It made her sick for three days. She then put the MMS aside and did not touch it for eight months. She thought because it made her so sick that it didn't work, but when she finally decided to go to the doctor he could find no hepatitis in her body. Both were amazed. I have given it to many people with one of the hepatitis diseases A, B, or C. I can guarantee that 30 drops will make any hepatitis patient feel very sick, but it will also cure them. However, that is not the way to do it. A hepatitis patient should never start out with more than two drops. In that case, normally they

See Chapter 8, page 15 for data on obtaining MMS.

will not feel any nausea, and if they keep slowly increasing the drops until they can take 15 drops twice a day without nausea, they will check negative to hepatitis of all kinds.

Procedure for Taking MMS for Maintenance

Taking the MMS for longevity is important. I wish I could say for sure that it will give you an additional 25 years of life. I can't prove it yet, but I believe it. All the evidence points to that conclusion. Dozens of older people are taking the MMS. All those diseases that normally kill older people simply no longer have the sting. The immune system can be 100 times stronger than normal in older people and then pneumonia and flu and other disease just don't get a foothold, that is as long as one is taking the maintenance dose every day.

Younger people can get by with taking the MMS maintenance dose two or three times a week, but older people need to take it at least once a day. When taking it once a day, every day, one can probably get by with taking four drop doses, and be sure to take it with the vinegar and three minute wait and then add the apple juice (see below for exact instructions.) Anyone taking it two or three times a week should always take at least six drops for each dose. Remember, hundreds of thousands of people have been taking this solution for 80 years; all I have done is added a little food acid. No side effects have been reported in all these years, and no side effects have been reported in the six years since the vinegar was added. Technically there should be none. It has been proven that chlorine dioxide does not attack healthy cells. (That is in the small quantities used in MMS. A large quantity would kill anyone or anything).

Remember how it was pointed out earlier that the chlorine dioxide deteriorates into constituents that are totally nonpoisonous. Nothing is left behind to build up, as is the case in many conventional medicines. The chlorine dioxide lasts long enough to do its job, and then the part that does not furnish the immune system with needed ions becomes nothing but micro amounts of table salt and water. The

See Chapter 8, page 15 for data on obtaining MMS.

The miracle Mineral Supplement of the 21st Century

chlorine dioxide has just a few minutes to do its thing and then it no longer exists. It leaves nothing behind that can build up.

Initial procedure: Keep in mind that anyone taking the MMS for the first time should start out with no more than two drops for their first dose. The reason is that the two drops will not produce enough chemical reaction to cause bad nausea in those who have some sort of a health condition. If there is some really bad condition in the body, two drops could cause a mild nausea for ten minutes or so. In that case, continue to take only two drops daily or several times daily until there is no nausea. When one has reached the point where there is no nausea from two drops then use three drops the next time. Continue this until you are at six drops a day, and then maintain six drops a day. When using for treatment of some serious illness, you will need to progress until you are taking much more than six drops, depending upon the illness.

Keep in mind, that when we refer to drops we always mean that one must add 1/4 to 1/2 teaspoon of vinegar or lime or lemon or citric acid and then wait three minutes before adding 1/2 glass of juice. That's four ounces of juice for those of you who are more scientific. Without the vinegar or lime or lemon, the whole exercise consists of drinking a nice health drink. But nice health drinks don't do the job. And remember, DO NOT use juice with added vitamin C.

So the exact procedure is this: Add two drops of MMS to a clean empty dry glass. Add the 3 to 2 teaspoon of vinegar (any kind of vinegar is okay including apple cider vinegar or white vinegar) or lime or lemon (if you use citric acid see the instructions in chapter 10). Swirl the glass by hand to mix the vinegar and drops. Wait three minutes. Add 1/2 glass of apple juice. Drink right away. You can substitute grape juice or pineapple juice as long as they are freshly made juices, meaning don't buy juices with vitamin C added. Do not use orange juice. Orange juice prevents the production of chlorine dioxide.

See Chapter 8, page 15 for data on obtaining MMS.

The reason for using fresh juice is that most juices have vitamin C added for a preservative. It makes the juice last longer and it is good for you, but it inhibits the release of chlorine dioxide. It can even prevent you from getting the results that you want from taking the MMS. If you do use store bought juice make sure that it does not say that vitamin C has been added. If it does say vitamin C added, you can always drink it several hours before or after taking the MMS.

Allowing the drops and vinegar set more than three minutes is not necessarily a problem. The chlorine dioxide in the drops begins to separate and the chlorine goes off into the air and thus the concentrate of chlorine dioxide remains fairly constant for up to 1/2 hour, however tiny amounts of chlorine do remain in the solution. Putting a lid on the container makes the chlorine dioxide much stronger. Some people do this to make a stronger drink. The very best practice is to not allow the drops and vinegar to go longer than three minutes before adding your juice and drinking it.

To be sure of a strong drink of chlorine dioxide, drink it immediately after adding the juice. (It's not dangerous to allow it to set longer, just not as effective). You can even let it set overnight, but the chlorine can sometimes make you sick.) Juices that can be used are apple juice, grape juice, pineapple juice, and cranberry juice.

AGAIN: Do not try to use orange juice. Orange juice prevents the production of chlorine dioxide and thus prevents the MMS from being effective.

Further Technical Stuff: This is just to further clarify some points made earlier. There are two levels of deterioration that take place when we are talking about a dose of MMS solution. (1) The first thing that deteriorates is the Sodium Chlorite. After the vinegar is added, the Sodium Chlorite begins to deteriorate releasing Chlorine Dioxide into the solution. Chlorine Dioxide is an extremely powerful ion containing vast amounts of energy in an extremely small area. (2) It is not a stable condition to hold that much energy and it too begins

See Chapter 8, page 15 for data on obtaining MMS.

to deteriorate. The Chlorine Dioxide ion retains its ability to destroy pathogens, diseased cells, poisonous substances, and other harmful items for only about 30 minutes. It really begins to lose its energy within seconds of being released from the Sodium Chlorite, but it usually can do its job for up to 30 minutes. By the end of an hour or so, it has deteriorated to the point that it will no longer destroy pathogens but it can still combine with various other chemicals. Okay, so maybe I was over enthusiastic in saying “vast amounts of energy” as it doesn’t sound very scientific. So let’s just say, chlorine dioxide begins to deteriorate almost immediately until it is no longer chlorine dioxide. It separates into its constituents of chlorine and oxygen and energy and nothing else. The chlorine and oxygen under this condition have lost their charge and thus are not active.

As the chlorine dioxide continues to deteriorate, so does the sodium chlorite. The deterioration of the sodium chlorite is at approximately the same speed as the deterioration of the chlorine dioxide. Do you see? More chlorine dioxide is being generated by the sodium chlorite all the time. Thus as the chlorine dioxide is consumed by killing pathogens or by simple deterioration it is replaced by the continued deterioration of the sodium chlorite.

The chlorine in sodium chlorite either combines with helpful chemicals that the immune system can use or it becomes a chloride which means it becomes a tiny part of a tiny amount of table salt. Not enough to even record. The deterioration of chlorine dioxide in the human body leaves absolutely nothing behind. The action of destroying any pathogen or other harmful item in the body leaves nothing behind but dead pathogens, and again a chloride and oxygen that can only become a part of the water of the body.

Arnold and I founded the Malaria Solution Foundation. He’s in charge. I withdrew from that foundation when I realized they were not very committed to treating malaria in Africa. They informed me that they had plenty of money and millions to spend treating malaria in Africa, but they continued with mining and rice distribution

See Chapter 8, page 15 for data on obtaining MMS.

programs and nothing was happening with the program to distribute the MMS in Africa. If they really were committed, and they were too busy, they could have sent me.

We have the answer to the disease that has been the biggest killer of mankind for hundreds of years. So while millions of people suffer and die, what is my group doing? We're over in Africa giving out rice bran packets to school children. That's a nice program. It's nice to help children, but our organization was formed to solve the problem of malaria. I may be beating this point to death, but there were a number of people who could not see why I left the foundation and concentrated on writing this book.

After several years I finally realized that I could not leave the data of the MMS information in their hands. The world would probably never know about it. It was then that I finally realized that this information simply cannot be owned or controlled by any one person or group. The Malaria Solution Foundation Web Site (malariasolution.com) will also tell you much about the programs that we conducted in Africa and maybe give you some more confidence in what I have been saying. The MMS really works. (This site, by the way, was just finished in the last part of 2006. It was 5 years since I was first told that they were going to put up a good site). Their last trip to Malawi last year. It had nothing to do with curing malaria in that country. It had to do with distributing rice bran packets to orphanages. That is a feel good program but what we founded the Foundation for is not getting done.

You could also check, if you want to, with the Malawi government. They conducted their own separate tests with the Malaria Solution (the MMS) and got the same results as we did in the prison, 90% cure for malaria patients in less than 24 hours and 100% cure in 48 hours. Nothing else has ever had even a 10% cure rate in 24 hours or 48 hours.

I have included two pictures of blood on the following pages. These

See Chapter 8, page 15 for data on obtaining MMS.

pictures were taken with a dark field microscope that was designed especially for viewing blood. The first picture shows the blood of a person before taking a dose of the MMS. All the cells shown are red blood cells. Notice how the cells are all together touching one another in a clump. This is an unhealthy condition. This person needs more water and minerals.

The second picture shows the blood of the same person 1.5 hours after taking a dose of 10 drops of MMS with the vinegar, with the three minutes wait and with water added. Note that the red blood cells are no longer sticking together, but more importantly, the circles show 3 white blood cells moving towards the larger crystalline blood clot. They will ingest the clot trapping the crystalline particles. Although you cannot see the movement in still pictures, these white blood cells are as much as 10 times more active than normal after taking the MMS. The actual video of this blood shows the movement.

First Picture



Second Picture



If you are not now on the Internet use the following site to obtain these items when you can: www.miraclemineral.com

You may not believe it, but the FDA in the United States has been suppressing all real cancer cures, and information concerning how vitamins prevent heart attacks and all other information or products that may in any way reduce the income of the large pharmaceutical medical drug companies (Big PHARMA).

Please don't take my word for it; become informed. Read the information available on the Internet. Just go to any search engine and put in "FDA Suppression." There is voluminous documentation, starting back in the 1930's. They often put authors in jail and told them that they will withdraw the accusations if the author would withdraw his claims. Once the author has lost all of his money and is tired of fighting he gives up. There are hundreds of medical

See Chapter 8, page 15 for data on obtaining MMS.

facts that are suppressed right now that would save thousands of lives around the world. There are many records of people who have died under very questionable conditions when they have tried to inform the people. Please don't write this off as a bunch of crazy conspiracy nuts. The MMS is one more medical fact that they will try to suppress. Try it and know that it works. Your life and the lives of thousands, even millions, are at stake. Isn't that important enough to at least try it once on someone, or on yourself? Spend a couple of hours researching this issue. The facts are there.

Treating Symptoms: Modern medicine, by way of doctors, treat symptoms. Drugs that you buy at any pharmacy are 99% directed towards symptoms. In other words, if you have a headache, the doctor gives you something for the pain, but doesn't find out what is causing the headache. If you can't sleep, the drug is something that helps you sleep, but the doctor doesn't find out what is keeping you awake. If you get arthritis in the knee the doctor gives you a drug for the pain, he doesn't find the reason for the arthritis. If you have poor digestion the doctor gives you a tablet that neutralizes the acid and allows the food to go through without digesting. He doesn't find the cause of the poor digestion, or even give you something that will digest the food. There are a thousand different drugs directed at symptoms and the side effect of many of these drugs is death. All drugs have side effects. Not all of them have death as a side effect, but regardless, most of them have caused death at one time or another.

Why do you suppose drugs in this world, especially in America, almost always treat symptoms and not the cause of diseases? It's no secret about drugs only treating symptoms, most people know that already. Ask any person interested in health. Medical drugs treat symptoms and all of the

See Chapter 8, page 15 for data on obtaining MMS.

medical research by pharmaceutical companies is directed towards treating symptoms, and not towards finding the cause of the problem. Well, the reason is that if you find the cause of a disease or health problem you can usually cure the problem. In that case you cannot continue to sell the drug over and over until the person dies. Billions of dollars are involved. Treating symptoms does not cure or change the problem. What is the reason that there has been no significant advancement in cancer treatment technology in 80 years? With one or two minor exceptions, the same treatments are still used more than 100 years later. The world has advanced fantastically in almost everything but cancer treatment and many other disease treatments. They refine the treatment, make the drugs more pure, make the needles better, make the X-ray machines better, make the records better, they make the timers better that time the treatment, but the treatment itself does not change.

The pharmaceutical companies spend billions of dollars with two lawyers and often two law offices for each congressman and each senator in the United States. They have tried again and again to suppress vitamins. I don't have time to cover all of the facts here. Please become informed on this subject. The data and the proof are available. The truth cannot be suppressed. Just read the thousands of documents available on the Internet. They spend billions influencing Congress on the pretense of public safety. Do you imagine that we would be much safer if we didn't know about vitamins? The truth affects all countries of the world. At this time the FDA just informed the public that it intends to shut down over 50% of the alternate health type supplement companies. This is because they finally prevailed upon Congress to pass a law stating that all supplements must be under FDA control.

See Chapter 8, page 15 for data on obtaining MMS.

Now, the MMS is such a simple cure that it need not be relegated to doctors. The public at large has the ability to treat themselves. This means that the FDA is going to have a much harder time at suppressing this one. The public, the sick and suffering have this one short window that will be open, we don't know for how long. But this time the FDA cannot suppress a couple of doctors or arrest the author of a book. (They can't find me.) Luckily I am not tied to some expensive lab, and I can move around. But they don't have to find me to stop it. The billions of dollars behind them will definitely try, because ultimately a great part of those billions are lost if the MMS becomes well known. Please, please take the attitude that maybe, just maybe I might just be telling the truth.

This is where you come in. It now rests on your shoulders. I've done what I can do. It's up to you, the readers of this book, to spread the word to the world. It can happen if you will tell your friends. The more people that you get to read this book, the more people you tell before the pharmaceutical companies find out about it, the less likely they will be able to suppress it. Up to this point they are so convinced that I am a charlatan that they have paid me no attention. It's my only safe guard. But when they start getting reports of people getting well and people being cured, it will be a different story. This now is now the second printing of this book. The first printing sold out and thousands of people were cured of many different diseases, but many who used the book did not pass the information on to their friends. Many did, but many did not. If we are going to win, many more are going to have to take a hand, just to distribute the book further.

There is a point, I don't know how many people that is, but a point can be reached which I call the point of no return. If we reach that point, the window can no longer be slammed

See Chapter 8, page 15 for data on obtaining MMS.

in our face. That is when enough people have learned about the MMS, have used it, and know it works. Believe me; a few individuals won't do it. It will take millions who know that it works. Please join us. Either use it, or just accept the idea that the public deserves to know. Get as many people to download the free book (The Miracle Mineral Supplement of the 21st Century Part I) as possible (and also Part II). And/or buy this book. When you successfully use the MMS to help someone or yourself, broadcast it widely. We may only have a few months. We probably have less than a year to get it to the public. The elimination and prevention of suffering, misery and death of millions depends upon you. (Sorry to be so dramatic, but that is the fact.)

Again, check Google and use "FDA Suppression" for your search and you will know that I am telling the truth.

Otherwise, you will know that what I say here is true when they begin their campaigns to convince the public that the facts in this book are false. The problem that they will have is that anyone can try it. But that won't stop them, because they know that they can use fear to prevent millions from even considering it. That is why we need millions who have already tried it and know that it works. Join the crusade. Lives are at stake. Of course, if you don't tell your friends there will never be such a campaign from the FDA and pharmaceuticals Big PHARMA.

If you are short now and don't have the 10 bucks for book II, send me an email according to the instructions given on the copyright page at the beginning of this book and I will email you a free copy. I apologize again for being so dramatic, but I am 74 years old, and in my years I have learned that people would rather hear the facts than someone "beating around the bush."

See Chapter 8, page 15 for data on obtaining MMS.

I also want to say that any excess profit beyond the expenses of distributing this book I will spend in Africa towards eliminating the diseases there. I can now state that I am a part of the Kinnaman Foundation. Money can be donated to the African-America MMS Project at the Kinnaman Foundation and such money is fully deductible for income tax purposes.

Remember, the MMS does not treat diseases, it aids the immune system.

Look at the copyright page. In the event of my death, this book becomes public domain.

See Chapter 8, page 15 for data on obtaining MMS.

MMS - Frequently Asked Questions

Why am I taking MMS – what does it do? The prepared liquid, after drinking, slowly produces Chlorine Dioxide gas which is absorbed into the blood stream just like oxygen is absorbed from the lungs. Depending on the dosage, the gas then circulates in the blood stream for two to ten hours. The MMS gas, like a disinfectant, has the uncanny ability to destroy-by-explosion all bacteria, virus, parasites, fungus, yeasts, and other unwanted growths. This chemical has been an ingredient in house cleaning fluids for over 50 years. It was used to destroy Anthrax when ceilings and walls were washed down in government offices. Household examples can be seen here:
<http://frontierpharm.com/index.php>

Jim Humble – the MMS inventor – pioneered this method of using Chlorine Dioxide in weakened slow-release form for internal use. Five years of testing on 75,000 human volunteers proved it was capable of destroying many killer viruses including malaria, TB, HIV, Hepatitis, and others. Even a common cold can be eliminated sometimes in one hour. Special benefits are claimed by doctors related to destruction of tumors (cancerous and non-cancerous) as well as the prevention of anaerobic cancer cell formation. Download Jim Humble's free book to review his experiences and claims. <http://MiracleMineralSolutions.com/MMSbook1.pdf> See his bibliography for documentation.

Eye droppers come in various sizes. Does drop size matter? As shown in the photo, the small dropper is to be used to measure the acid component. The flip-lid on the Sodium Chlorite bottle is to be used when dispensing MMS drops directly from the original dark container. Designed for simplicity, this prevents acid residue from getting into the source and it also provides a standard when measuring the drops. The MMS drops are supposed to be 1.5 times bigger than the acid drops. So, an initial dose preparation would be to dispense two drops from the MMS flip-lid opening and ten drops of the vinegar or lemon acid from the eye-dropper. In Jim Humble's book 2, chapter ten, page 2 he states that common round-end eye droppers are .125 in diameter. In other places he states that no less than the 5 to 1 acid ratio is required, but if extra acid is added by accident, it causes no harm and has no effect on the MMS effectiveness.



I detect an odor when mixing the two ingredients. Is that normal? The dark bottle of Sodium Chlorite 28% solution should have virtually no odor. Then, when you mix for example 4 drops of MMS with 20 drops of vinegar or lime acids, immediately the solution begins to give off Chlorine Dioxide which is a gas. It has a slight chlorine odor. GOOD – this indicates the MMS product is active and beginning to produce as expected. The odor kills germs floating in the air.

As you increase dosage to 10 or 25 drops, the room odor may become undesirable. Therefore, after swirling the mixture, set it outside for three minutes, or take it to another room. The odor isn't harmful. Circulating in a room, the gas kills any invisible pathogens that may be in the air.



Like any salt sodium chlorite becomes visible from evaporation under the lid. The flakey pale yellow salt is harmless in this form..

During the three minute wait, the initial gas venting wastes some gas that might overpower the stomach. There's no need to induce nausea unnecessarily so three to five minutes of wasted gas venting makes the solution ready for weakening with purified water or juice or both, ready then to drink.

What's the shelf life of the dark bottle of Sodium Chlorite?

Sodium Chlorite is a salt. The dark bottle contains a 28% solution of the salt in distilled water. That's what was shipped to you in most cases. Similar to putting table salt in water, it lasts a long time. Sodium Chlorite in solution is not as stable as table salt so for longer shelf life consider storing the dark bottle in the refrigerator. It should remain active at least one year – or longer.

It's hard to find juice without Vitamin C additives. What juice makes the best mask?

You're right, Vitamin C is added to many things but in this protocol it quickly cancels the benefits of MMS. If you take vitamins, do it several hours after the MMS drink. You can find rather costly apple juice in health food stores that says "Pure, nothing added." Some people just add distilled water. Fine. Those who use vinegar as the acid will welcome apple juice as the masking agent. Vinegar is the best acid to use, but it sometimes turns people off, so use apple juice or pineapple juice to make it palatable. Avoid any vitamin C additives. If you take vitamins, wait several hours to take them.

Why do some companies ship with differing directions? If dosage is important, shouldn't it be the same world wide?

It's true. One Canadian firm ships 6 ounce bottles with instructions stating that you should take a low dose every two hours and go no higher than 15 drops and with longer time between doses. Other sources state a day and evening dosage with 25 drops as the maximum. Depending on the supplier, instructions differ.

The various directions all produce a similar amount of the gas in the blood stream. The Canadian doses, while lower, are recommended two hours apart. Whichever plan you use, if nausea threatens, you should back off to a lower dose or stretch the time between doses.

The spacing between doses doesn't matter as long as nausea doesn't turn you off. The goal is to maintain chlorine dioxide gas in the blood stream, adequate to encounter and "explode" bad growths and toxic pathogens. What prevents overdosing? Nausea and diarrhea indicate that your elimination process is momentarily overtaxed so naturally you'll reduce the dosage size or space them further apart unless you're in a crisis that requires quick results.

There's an interesting note from Jim Humble's book on this point. In Africa there were sometimes several hundred people with malaria or other parasite illnesses. People traveled great distances to stand in line at the clinics. Jim trained local people to administer the dosages although many people wanted the inventor himself to prepare the dosage. There were so many people that they didn't want them to come back repeatedly – the people needed immediate one-dose treatments so they could go home. Jim Humble therefore prepared 25 drop doses plus 125 drops of vinegar – and water - which tasted just awful. However, vinegar was readily available throughout Africa.

People drank it having been fore-warned that they might throw up in 20 or 30 minutes. Nearly all malaria patients were cured within two days and all within a week. The point is: it's hard to overdose even if no tolerance has been achieved. Some people are in a hurry to achieve healing and they'll drink almost anything if it will help. Dread of nausea is not always the important issue when killer diseases are threatening. Normally you should start with one or two drops.

Should I stock-up on MMS? Will it become scarce? Currently the Sodium Chlorite solution in your MMS bottle was very cheap to produce. The bottles and packaging probably cost more than the chemical. Sodium Chlorite is a flaky pale yellow salt - seen on the bottle neck above.

You could get a ten pound bag of the flaky chemical and store it in a cool dark place for years – even freeze it. You can get a 100 pound steel drum for less than \$300.00 (not recommended). It's possible that Sodium Chlorite could someday be reclassified by some governments as a salt that must be licensed or tracked. It could be taxed to make it very expensive. MMS is currently classed as a mineral and dietary supplement. Also it's labeled as a water purifier which it does with excellence – used by children on camping trips to purify drinking water. But, for internal use, MMS is "too cheap, too broad in its benefits, and too easy to administer," so it can't hurt to store a spare bottle or two in the refrigerator. In its 28% liquid solution (as shipped) it can't be stored in a freezer. It's a dissolved salt, so in a freezer the Sodium Chlorite would precipitate and lay in the bottle bottom. Flaky Sodium Chlorite – if you bought a ten pound bag it could be frozen for years.

Is there any other way to get MMS into my body? Yes but it may cost \$60 to \$90 U.S. per doctor's visit to do it. There are many doctors who provide "Chelation Therapy." They typically provide a "two-hour drip." By appointment you go to an office and sit in a comfortable chair while a specialist inserts a needle into one of the large veins on your hand or arm – then you read magazines. Slowly the MMS solution drips into your blood stream directly. With repeated visits, the dosage can be increased but as toxic poisons and debris from viruses are being flushed, nausea and or diarrhea can be expected – evidence that detoxification is occurring.

There are many other types of Chelation Therapy available. It's a standard treatment in the case of lead or mercury poisoning. The drip is a solution with EDTA in it, plus sometimes B vitamins are added. There are also weakened Hydrogen Peroxide drips designed to stimulate the immune system. You would request an MMS drip if you don't want to "take your medicine orally." But, given the simplicity of mixing your own MMS solution and drinking it, you have a way to ingest Chlorine Dioxide at less than three cents per dose – with very little time invested.

If you purchased the normal four to six ounce bottle of MMS it may or may not last one year depending on how much you use and how much you give away to neighbors or friends.

*** * * This is a Brief Tribute and Thank You to Jim Humble * * ***



← Jim Humble at a day clinic in Kampala Uganda.

Second from left below, Jim Humble meeting with officials to establish treatment centers. A humanitarian named Zahir Shaikh (yellow shirt) sponsored Mr. Humble to gain official permissions and begin free treatments for adults and children who had malaria, parasites, TB, and other ailments.

Below right: Once children were told "it's a magical drink," they drank it readily. Then two days later tests usually showed total absence of malaria. They're no longer sentenced to early death. See next page below.



Easily 75,000 adults and children were rescued from various diseases. Subsequent medical tests proved that TB, malaria, HIV and parasites were eliminated within two to ten days.

Fine print regarding the known side-effect from ingesting Chlorine Dioxide: You are likely to get better and recover.



BALL - WORLD MISSIONS

EMATSAYI MISSION HEALTH CENTER
P.O. Box 1176, 50100 KAKAMEGA, KENYA Tel No: 0722-300301

February 11, 2004

Jim Humble
The Malaria Solution Foundation

Here I present to you my special observations during the Malaria Campaign using the Malaria Solution Formula.

1- The very 1st day of the introduction a very sick baby of 1 ½ years was brought complaining of convulsions from high fever with temperature of 104 F (40 C). Blood slide microscopic examination was positive of malaria with 4 pluses ++++ indicating very severe infection with malaria falciparum parasites.

After resertation the patient was given the malaria solution phase 1. After 4 hours the blood slide microscopic examination was done. The parasites were reduced to 2 pluses (++) . At that time phase 2 was given (5 drops of the malaria solution). The following day the blood slide was negative of malaria.

Note: No other antimalaria drug was given. No antibiotic was given. After two days the child was discharged. There had been no temperature above normal nor any other symptoms for 48 hours. The malaria had been cured by the Malaria Solution administration alone without the usual quinine for such serious cases.

2- A female patient aged 34 years had persistent fevers sever headaches in evenings, persistent nausea, loss of apatite, and loss of weight. Microscopic examination of blood revealed malaria falciparum parasites present. She had not responded to many antimalaria drugs including quinine injections. Malaria Solution phase 2 was given in two doses within 24 hours. By the third dose all signs and symptoms had reduced. After 5 days the patient was back to work eating well after two months of illness. A check of the blood slide showed negative.

3- Three sick children were administered Malaria Solution after the presence of symptoms of bronchial pneumonia for 2 days. After 6 hours the signs and symptoms had reduced. They stayed in the ward for 48 hours until the symptoms of pneumonia were completely gone. No other antibodies were administered.

4- I smeared the Malaria Solution to warts in the groin region of a male patient of 5 years. Within 5 days the warts were gone.

Examples of Sodium Chlorite and acid-activator packaged for external body use. Such products have been in use for over 50 years.



MMS Protocol

This is the procedure for preparing a dose of the MMS dietary supplement, summarized from the writings of Jim Humble - the discoverer of Chlorine Dioxide for internal use. His free e-book of 127 pages can be downloaded by clicking here <http://MiracleMineralSolutions.com/MMS-book1.pdf>

FIRST – Activate a few drops of the Sodium Chlorite solution (MMS).

A one-year supply costs \$20.00 (US) plus shipping at <http://MiracleMineralSolutions.com>.

In a glass mix 1 MMS drop from the original bottle with 5 drops of one of these acids (avoid vitamin C):

unfiltered apple cider vinegar, or
lemon or lime juice drops, or
citric acid 10% solution

Powdered citric acid in liquid form is one of the preferred acids. It tastes like lemon juice. Mix 1 tablespoon of Citric Acid powder with 9 tablespoons distilled water to make a 10% citric acid solution for use with MMS.



Always use 5 drops of any one of the food acids above to each one drop of MMS. (5 to 1)

SECOND - Wait: Swirl the MMS drops and the acid drops in an empty dry glass, then wait at least 3 minutes after mixing. (3 to 5 minutes is OK – 10 minutes is too long.) The two ingredients combine to produce a substance that can't be stored. It slowly begins to release a gas called Chlorine Dioxide. Carried in water and juice it becomes the detoxifying substance that is carried for some hours by the blood stream.

THIRD – Add Juice and/or Water. Add 1/3 to 2/3 glass of distilled water or juice to the extent needed to mask the slight lemon-like chemical taste. The amount of juice or water is not critical provided no vitamin C is in the juice. After adding the juice or water you can drink it immediately – or wait, but no longer than one hour before drinking because the gas you want is wasting away. Don't use orange juice as the masking agent. Vitamin C neutralizes the desired effect. Carrot juice or beet juice is OK. Some apple and pineapple juices are labeled "nothing added." Avoid taking vitamins containing C for several hours.

FOURTH – Dosage Limits. The protocol for taking MMS starts with one or two drops. Never more at first. People who are very sick and/or sensitive can start with ½ drop. It's hard to measure one-half drop. Therefore prepare a one drop mixture, add water, and drink half of it, then drink the other half one hour later. Tolerance develops quickly and nausea is rarely noticed after the first dose.

FIFTH - Drink it. The juice makes the drink palatable – you can drink it without complaint. If you experience no nausea after the first dose, increase by one drop for the 2nd dose – 2 to 8 hours later same day. The Inventor suggested drinking it morning and night. Other directions suggest repeating the drink every one or two hours. It can be your personal choice how rapidly you want the protocol to exhibit results. The more hours that Chlorine Dioxide circulates in your blood stream, the sooner you'll notice beneficial results.



If you experience nausea, reduce the amount of MMS for the next dose. Drink two or more preparations each day, at least one in the morning and one in the evening. Your body quickly develops tolerance for the drink. Increase the number of drops (in step one) by one or two drops as tolerance increases. If nausea develops, back off one or two drops for a day or two, then gradually increase again. The maximum is thought to be 25 drops morning and night but for people who have little body weight, or for children, simply reduce the number of drops proportionately. Same with pets.

SIXTH – Monitor Effectiveness. Continue to increase by one drop each time you take a new dose. When you notice nausea or diarrhea, reduce the dosage by 1 or 2 drops for one day.

Diarrhea, or even vomiting is not a bad sign. The body is throwing off poisons and cleaning them out. Most people report that they feel much better after allowing some cleansing reactions. Don't seek medicine for temporary diarrhea relief. The body is cleaning out unwanted pathogens or deviant cell parts. When poisons are eliminated, diarrhea ceases. After achieving 15 drops twice per day, at that point you can increase to 3 drinks per day temporarily. Stay at 3 drinks per day (each with 15 drops if you can) for at least one week and then reduce the preparations to 4 to 6 drops once a day for adults and 4 to 6 drops twice a week for children. This is called "maintenance mode." Persons weighing under 90 pounds or over 200 pounds should reasonably reduce or increase their dosages, staying just under the nauseous indicator until their systems are cleared. Then maintenance mode begins.

If you purchased the normal four to six ounce bottle of MMS it may or may not last one year depending on how much you use and how much you give away to neighbors or friends.

***** This is a Brief Tribute and Thank You to Jim Humble *****



← Jim Humble mixing and training others who dispensed to thousands of very ill patients in Africa.

Easily 75,000 adults and children were rescued from various diseases. Subsequent medical tests proved that TB, malaria, HIV and parasites were eliminated within two to ten days.

See next page – a letter from one of the African clinics.



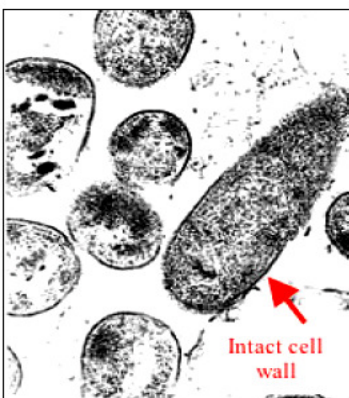
In one of the testing programs, permission was given to administer MMS in prisons.

Women prison inmates in the city of Lilongwe, Malawi East Africa keep children with them in prison. They had little hope of medical assistance. Food is sometimes stolen by guards and sold privately.

Body temperatures were recorded and a pin-prick blood samples were stored and analyzed for about 40 male and female inmates.

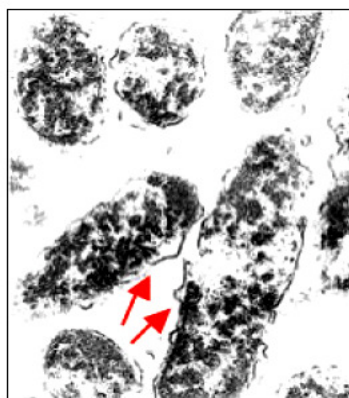
Recovery to normal temperatures occurred typically within two days of treatment. Subsequent blood tests verified the absence of malaria and other viruses.

Pseudomonas bacteria magnified 108,000x



Untreated

Notice intact (smooth) cell walls



Treated with chlorine dioxide

Notice curling of cell walls and coagulating nucleic material.

Aberrant cells, viruses and bacteria are “exploded” when Chlorine Dioxide gas comes in contact with such cell walls. Most pathogens do not breath oxygen. The gas molecule is attracted to these unwanted cells with a powerful pull that effectively “explodes” them.

Body cells are not harmed in any way. The chemistry actually precludes it. Common colds often dry up within two hours it is claimed. Chlorine Dioxide is believed to be the most powerful anti-bacterial agent on the planet.



BALL - WORLD MISSIONS

EMATSAYI MISSION HEALTH CENTER
P.O. Box 1176, 50100 KAKAMEGA, KENYA Tel No: 0722-300301

February 11, 2004

Jim Humble
The Malaria Solution Foundation

Here I present to you my special observations during the Malaria Campaign using the Malaria Solution Formula.

1- The very 1st day of the introduction a very sick baby of 1 ½ years was brought complaining of convulsions from high fever with temperature of 104 F (40 C). Blood slide microscopic examination was positive of malaria with 4 pluses ++++ indicating very severe infection with malaria falciparum parasites.

After resertation the patient was given the malaria solution phase 1. After 4 hours the blood slide microscopic examination was done. The parasites were reduced to 2 pluses (++) . At that time phase 2 was given (5 drops of the malaria solution). The following day the blood slide was negative of malaria.

Note: No other antimalaria drug was given. No antibiotic was given. After two days the child was discharged. There had been no temperature above normal nor any other symptoms for 48 hours. The malaria had been cured by the Malaria Solution administration alone without the usual quinine for such serious cases.

2- A female patient aged 34 years had persistent fevers sever headaches in evenings, persistent nausea, loss of apatite, and loss of weight. Microscopic examination of blood revealed malaria falciparum parasites present. She had not responded to many antimalaria drugs including quinine injections. Malaria Solution phase 2 was given in two doses within 24 hours. By the third dose all signs and symptoms had reduced. After 5 days the patient was back to work eating well after two months of illness. A check of the blood slide showed negative.

3- Three sick children were administered Malaria Solution after the presence of symptoms of bronchial pneumonia for 2 days. After 6 hours the signs and symptoms had reduced. They stayed in the ward for 48 hours until the symptoms of pneumonia were completely gone. No other antibodies were administered.

4- I smeared the Malaria Solution to warts in the groin region of a male patient of 5 years. Within 5 days the warts were gone.

Examples of Sodium Chlorite and acid-activator packaged for external body use. Many such items have been available for over 50 years.



[Click to enlarge](#)