My dazzling disclaimer...

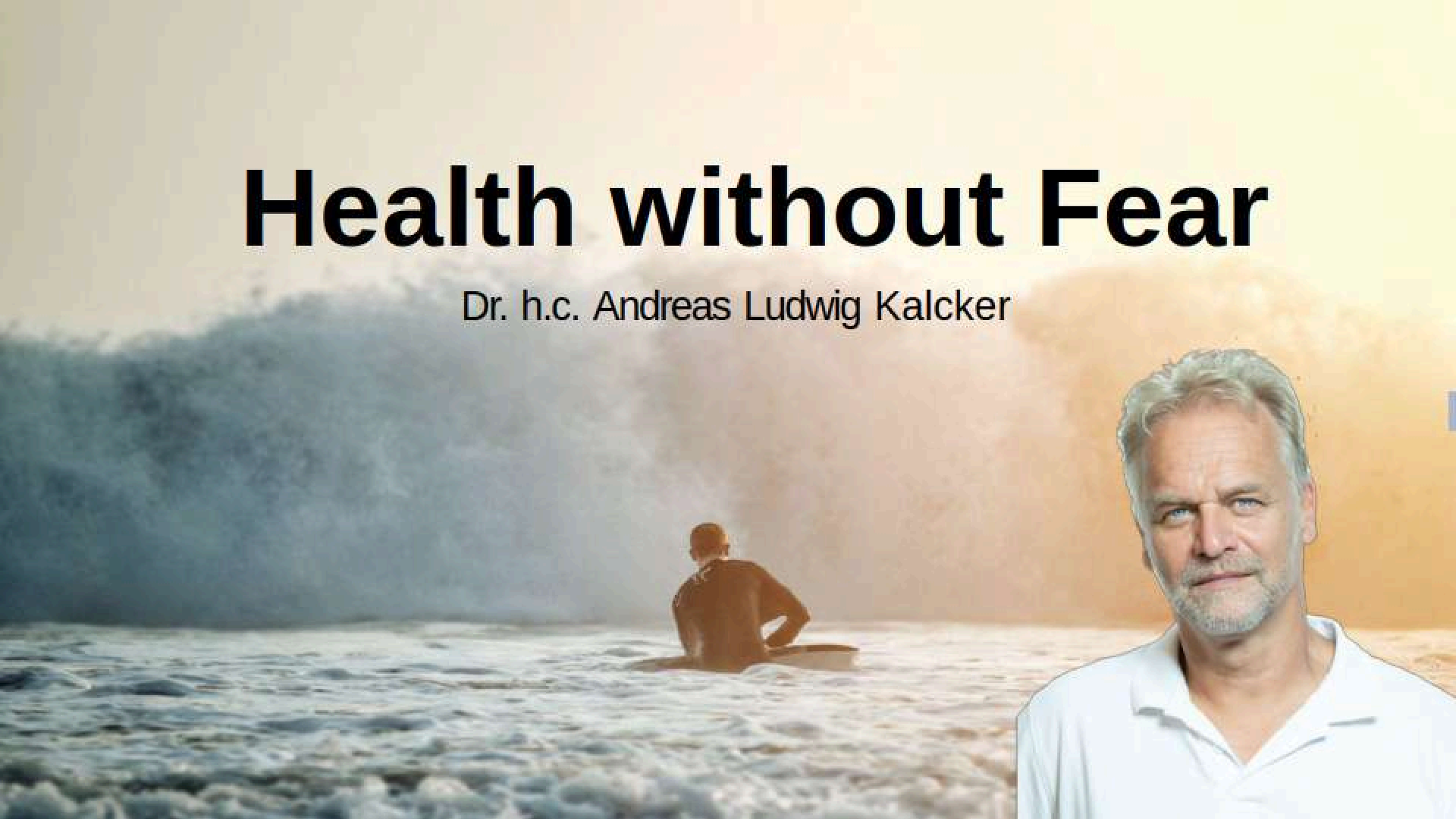
I am not a doctor. The information contained in this presentation is for educational purposes and is filled with alternative health restoration protocols that have been found to work from the experience of grassroots efforts by many people around the world. Every individual is personally responsible for his/her choice as to whether or how they use this information and whether or not they seek officially recognized medical attention.

Nothing in this presentation is intended to constitute medical advice or treatment. The protocols described herein have not been approved by the U.S. Food and Drug Administration (FDA). If you wish to apply the protocols in this presentation, you are taking full responsibility for your actions. You accept 100% responsibility for any and all use made of any information herein.

To take or not to take CDS is a personal decision. Each individual must take responsibility for their own health. The deliverer of this presentation cannot take responsibility for any adverse detoxification effects or consequences resulting from the use of any suggestions or procedures contained herein.

Health without Fear

Dr. h.c. Andreas Ludwig Kalcker



Andreas Ludwig Kalcker
...biophysics researcher and inventor of CDS

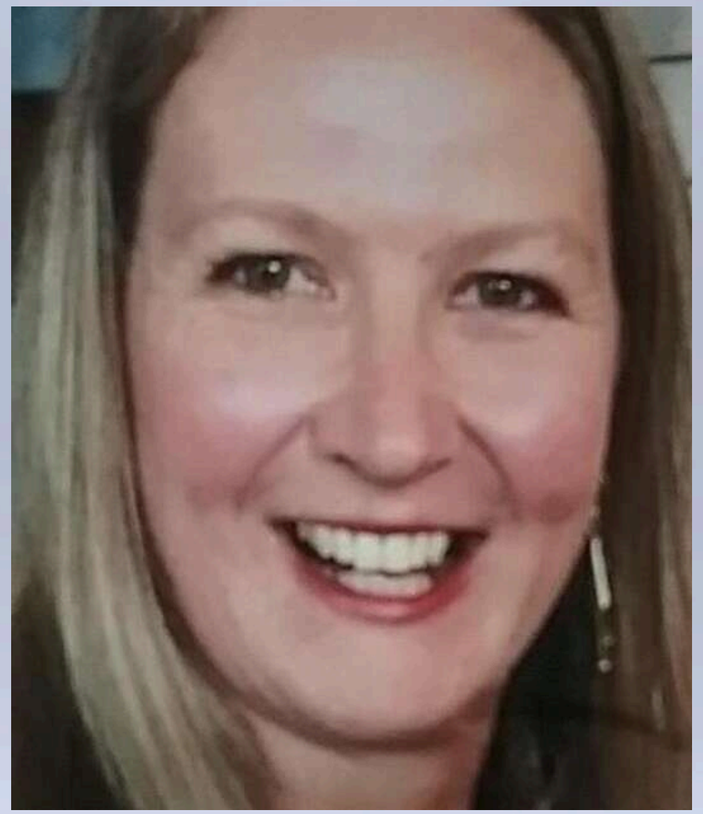
Hello, I am...

Nichola Lake

Health Advocate

Master Seminar in Oxidative Therapies

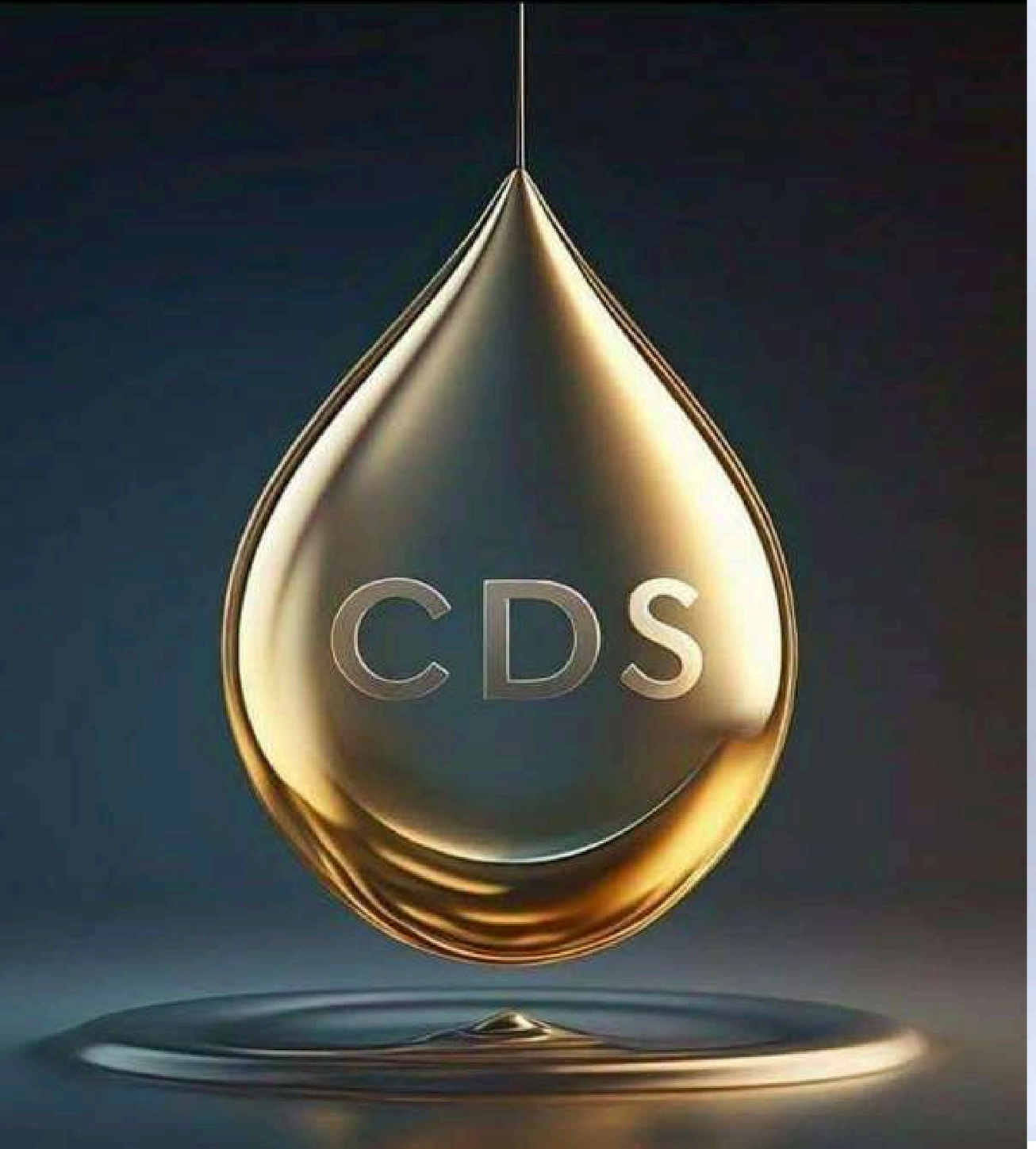
Kalcker Institute



It is totally irrelevant who I am....

But maybe it's important, what I have to say ...
... you decide for yourself.

CDS is probably the greatest medical discovery of the last 100 years



CDS ...

Chlorine Dioxide Solution
for newbies

Chlorine dioxide in the form of CDS is NOT bleach.

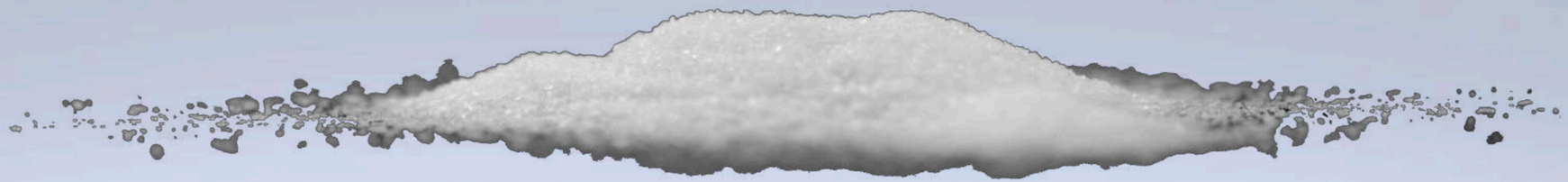
Usually, the first thing you do is an internet search to get information.

What comes up is:

1. Bleach... Clorox...
2. Very dangerous and toxic...
3. There are no scientific studies...

Let's go step by step clarifying confusions:

- Bleach is also known as "**Clorox**".
- It is a salt dissolved in water and is an oxidant.
- This substance is "Sodium hypochlorite" **= NaClO**
- Bleach forms carcinogenic substances (Trihalomethanes = THM)



CDS' Precursors

1. The chemical substance is a salt called "**Sodium Chlorite = NaClO2**
2. It is also **a salt** and an oxidizer.
3. Contains **2 atoms** of oxygen instead of one
4. It is a different substance!

CDS...

1. is the chemical **chlorine dioxide / ClO2**
2. is a **GAS** dissolved in water and not a salt!
3. is a formula that contains a negatively charged **chlorine ion**.
4. contains **2 atoms of oxygen.**
5. decomposes inside the body to salt and oxygen.

These three formulas are **NOT** the same. Yes, one atom makes a big difference!

Common Salt
Sodium Chloride

NaCl

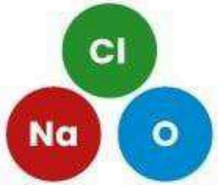
1 atom Sodium
1 atom Chlorine

Salt

Bleach
Sodium Hypochlorite

NaClO

1 atom Sodium
1 atom Chlorine
1 atom Oxygen

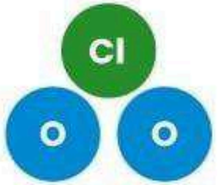


Salt

CDS
Chlorine Dioxide Solution

ClO_2

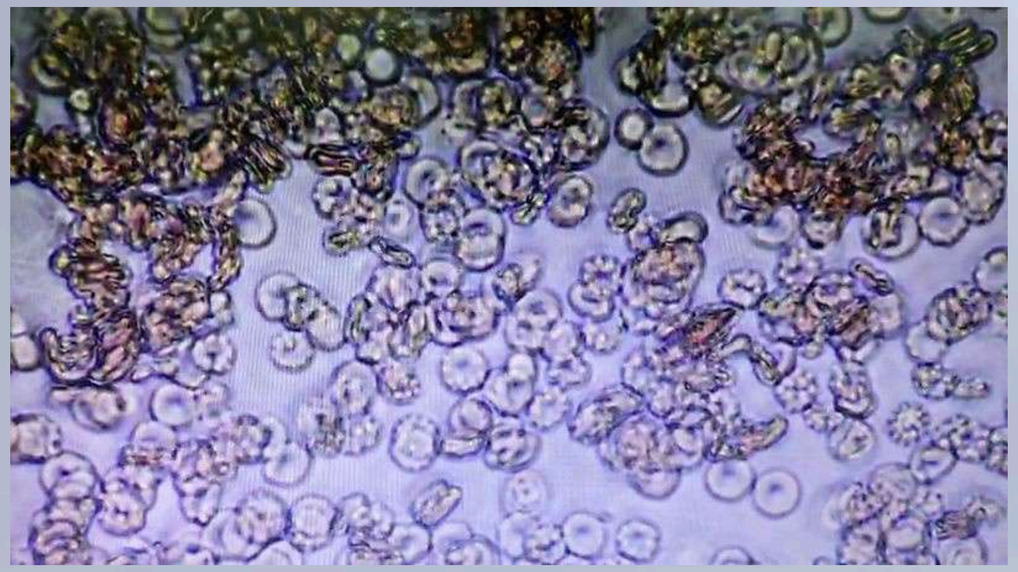
1 atom Chlorine
2 atoms Oxygen

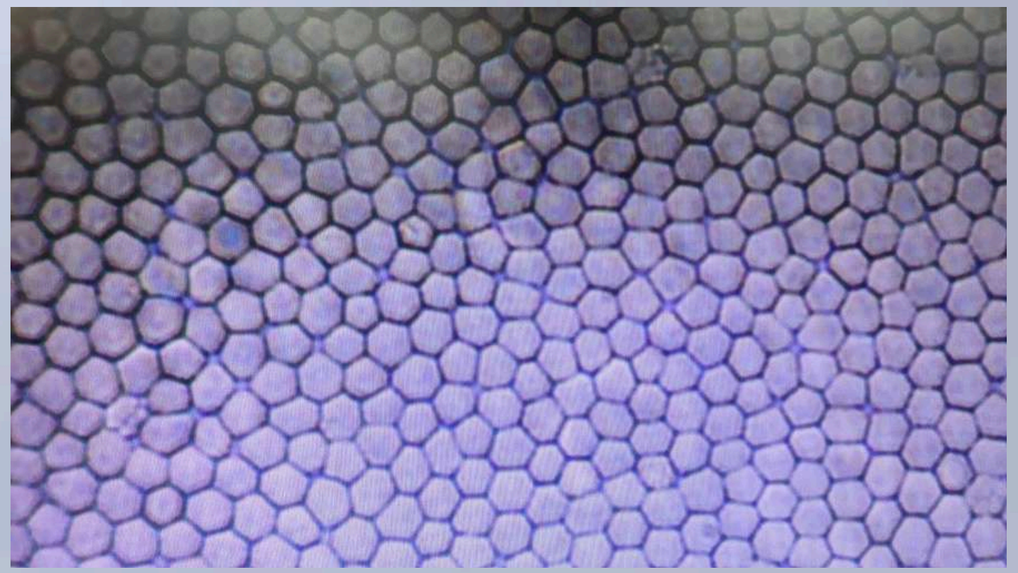


Gas

How each substance affects the blood

Summary:

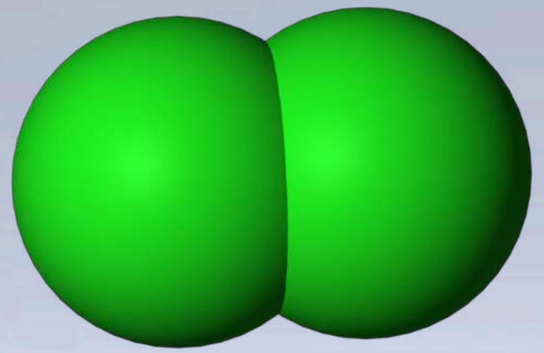




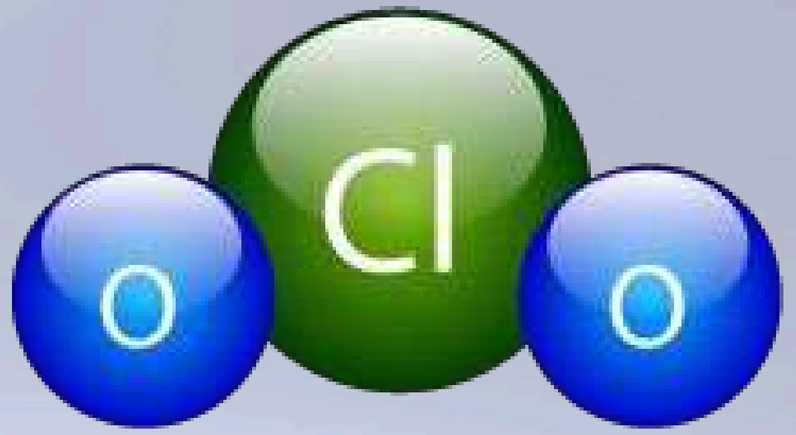
Bleach damages the blood,
chlorine dioxide in the form of CDS does not.

But... It's bleach! NO.

- Chlorine gas is a molecule with **2** chlorine atoms and is therefore toxic.
- Chlorine dioxide has **only one** chlorine **ion.**
- In the body it is converted to **common salt and oxygen.**



Chlorine is CL2



Chlorine dioxide is ClO2

But... There are toxicity hazard symbols!

- **Any substance** other than air is toxic for the lungs.
- I can drink water, but I can't breathe it
- Do not inhale chlorine dioxide massively

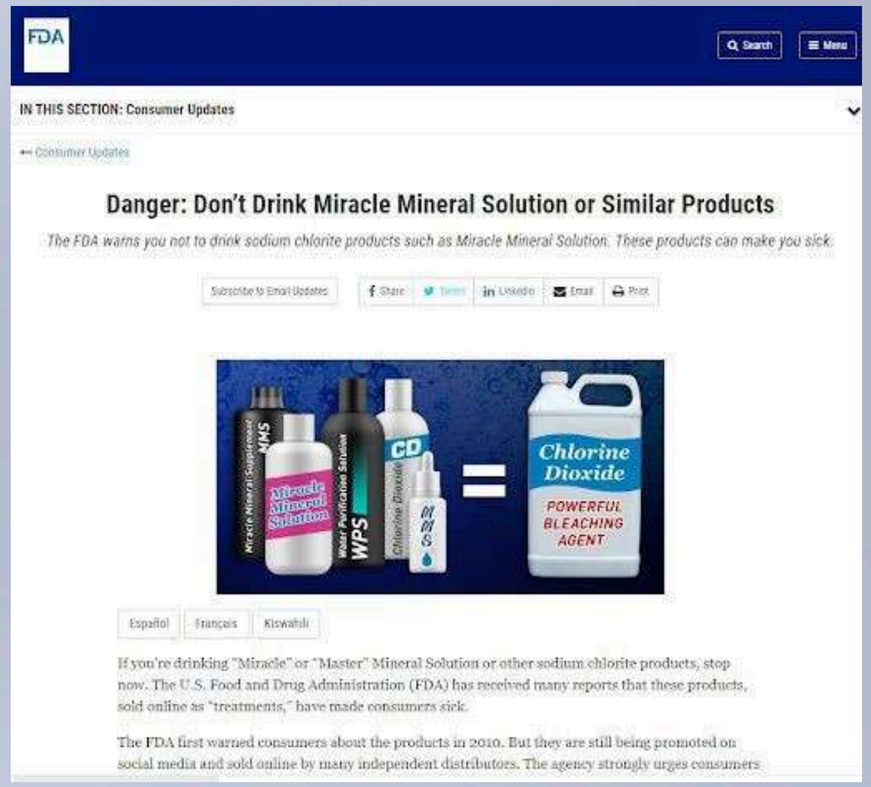
But.... the FDA banned chlorine dioxide!

Wrong!

ClO2 is authorized and even **recommended** for drinking water by the FDA.

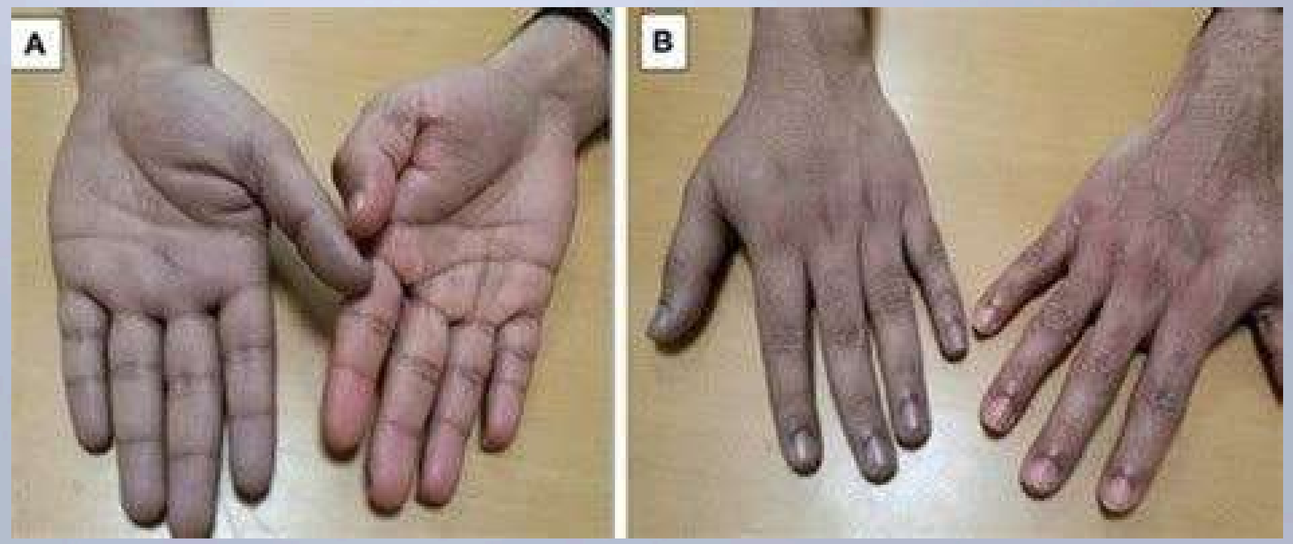
There is a warning for therapeutic uses of MMS (Miracle Mineral Solution).

CDS **does not contain sodium chlorite** and it is only the gas resulting from the chemical reaction.



There is no evidence of CDS oral toxicity demonstrated by FDA.

Does it cause methemoglobinemia?

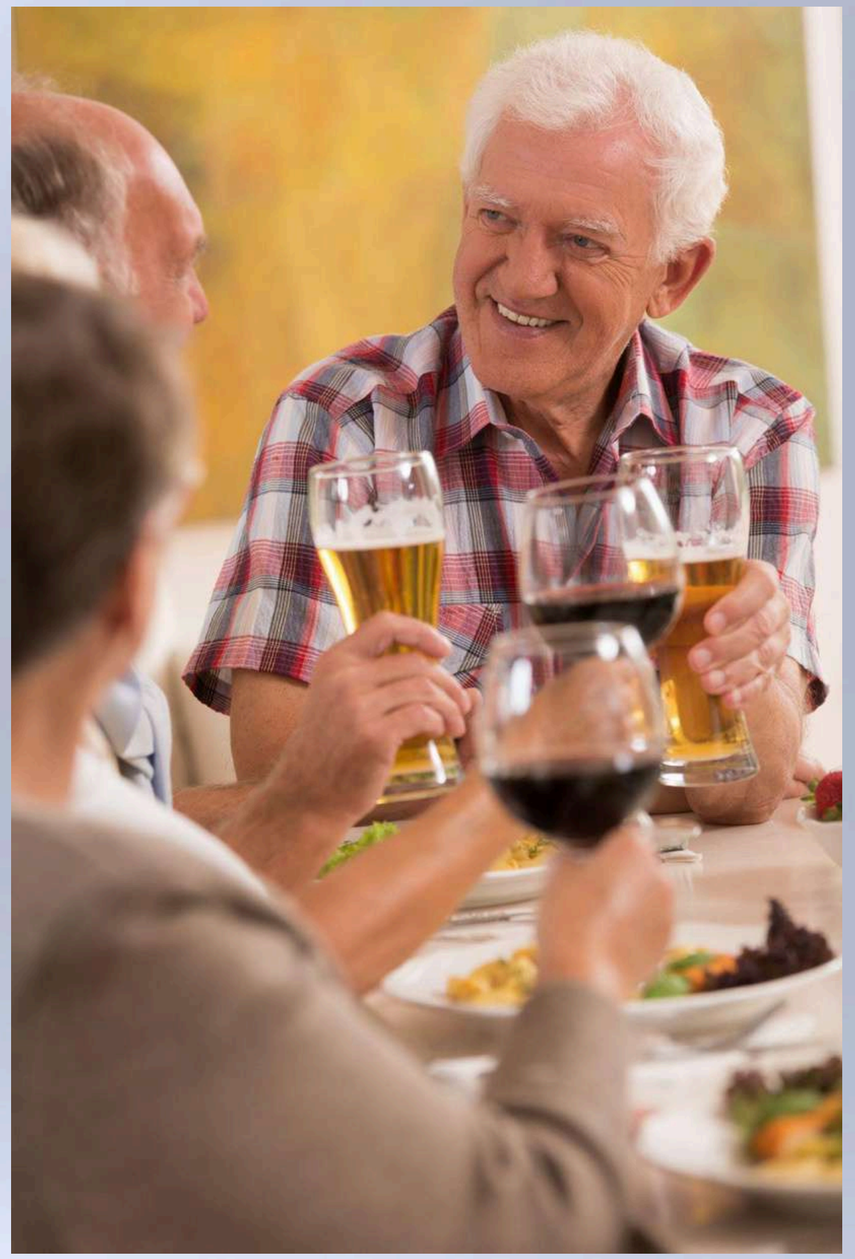


Orally NO

- Not to be confused with inhalation where it can be harmful in large quantities by blocking the pulmonary alveoli.
- Orally, rectally and intravenously it increments oxygen levels in the blood:
- Fe(+3) is oxidized to Fe(+2) which means more oxygen.

But... It's a Disinfectant!

- **And**? ...
- So is Alcohol...
- and most of the population drinks it....
- The use is irrelevant.



But...it is poisoning the children....

NO.
This is false.

The toxic amount is much higher than the amount that can be drunk.
292 mg of a **GAS** dissolved in water per kilo.

To reach the LD 50, a child would have to drink more 10 liters of CDS per day for 15 days!

This is impossible.

NEUQUEN

LA MAÑANA | DIÓXIDO DE CLORO | 06 DE OCTUBRE 2021

Giro en el caso de la muerte por dióxido de cloro: ordenan sobreseer a los padres

Así lo decidió el juez Gustavo Ravizzoli, quien entendió que no se pudo comprobar la vinculación de la muerte del niño de Plottier con la ingesta de dióxido cloro. El caso irá al Tribunal de Impugnación.

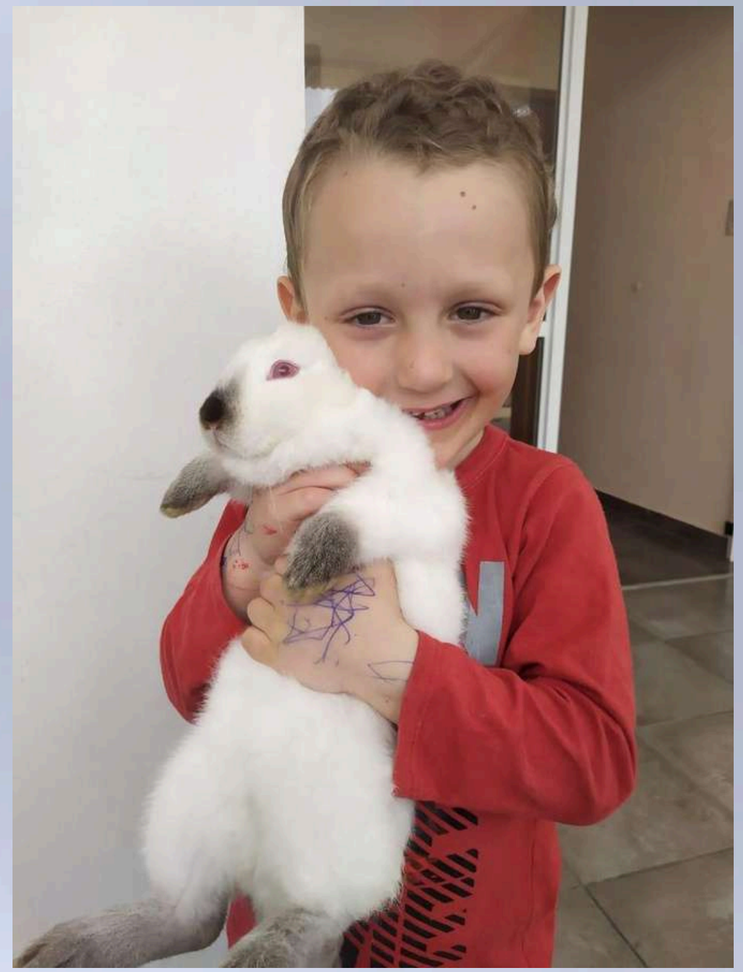
María Isabel Sanchez

El juez de Garantías **Gustavo Ravizzoli** ordenó el **sobreseimiento** de la madre y el padre del niño de cinco años de Plottier, cuya muerte era investigada por la ingesta de **dióxido de cloro**.

Elias with leukemia, hopeless

before -

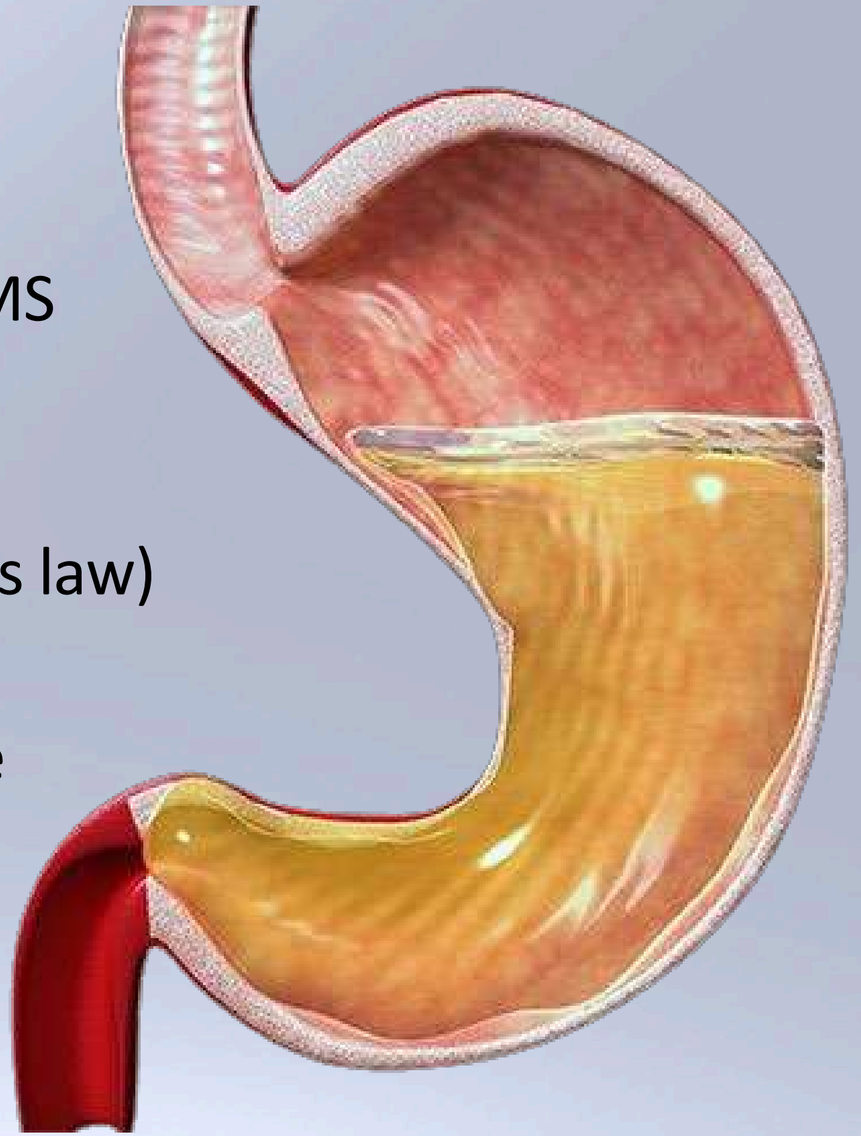
after



But... It eliminates the intestinal flora!

NO.

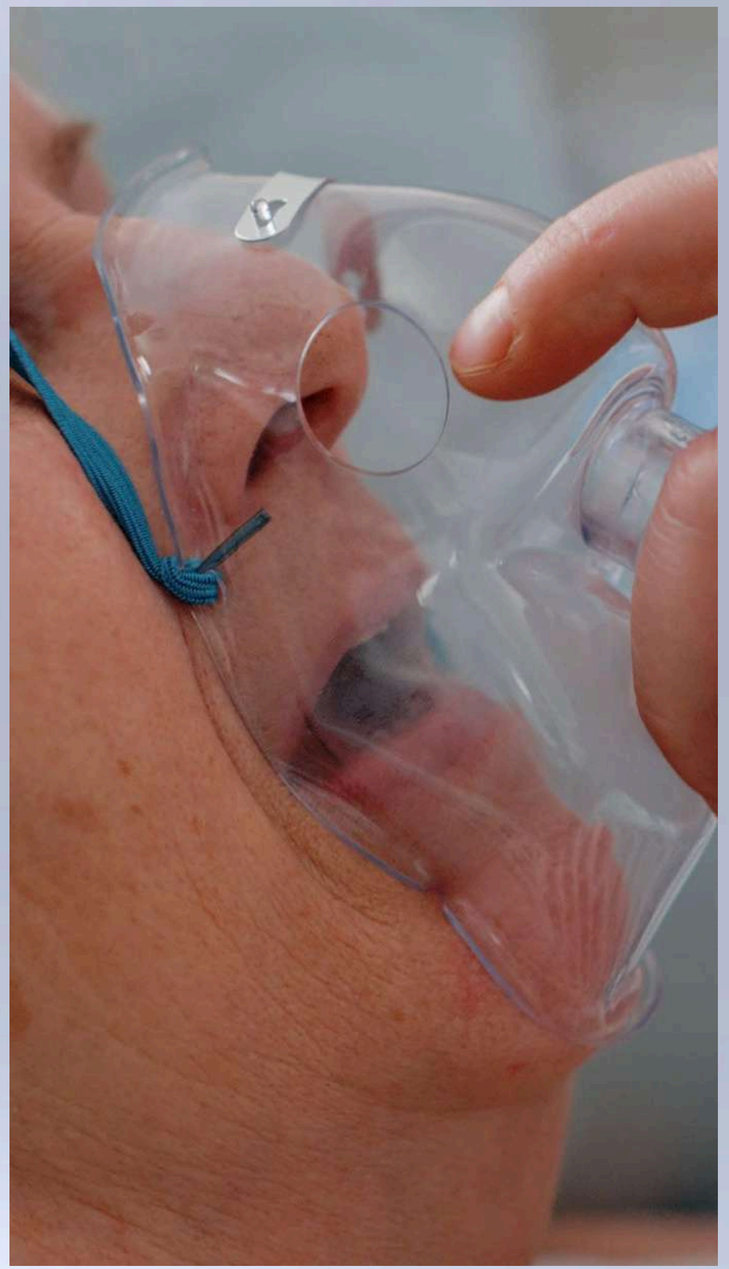
- Because ... it does not reach the intestine.
- CDS gas evaporates from **11º C** as opposed to MMS without secondary reaction.
- The stomach is **36.5º C**
- The gas **diffuses through the** stomach **walls** (Fick's law) in its entirety.
- Therefore, **it does not affect,** nor does it reach the intestine.



But... It is an oxidizer, and it is bad!

NO.

- So is Oxygen... and we can't live without it.
- It all depends on the strength of the oxidant and this is measured in Volts.
- It is called oxidation reduction potential (ORP).

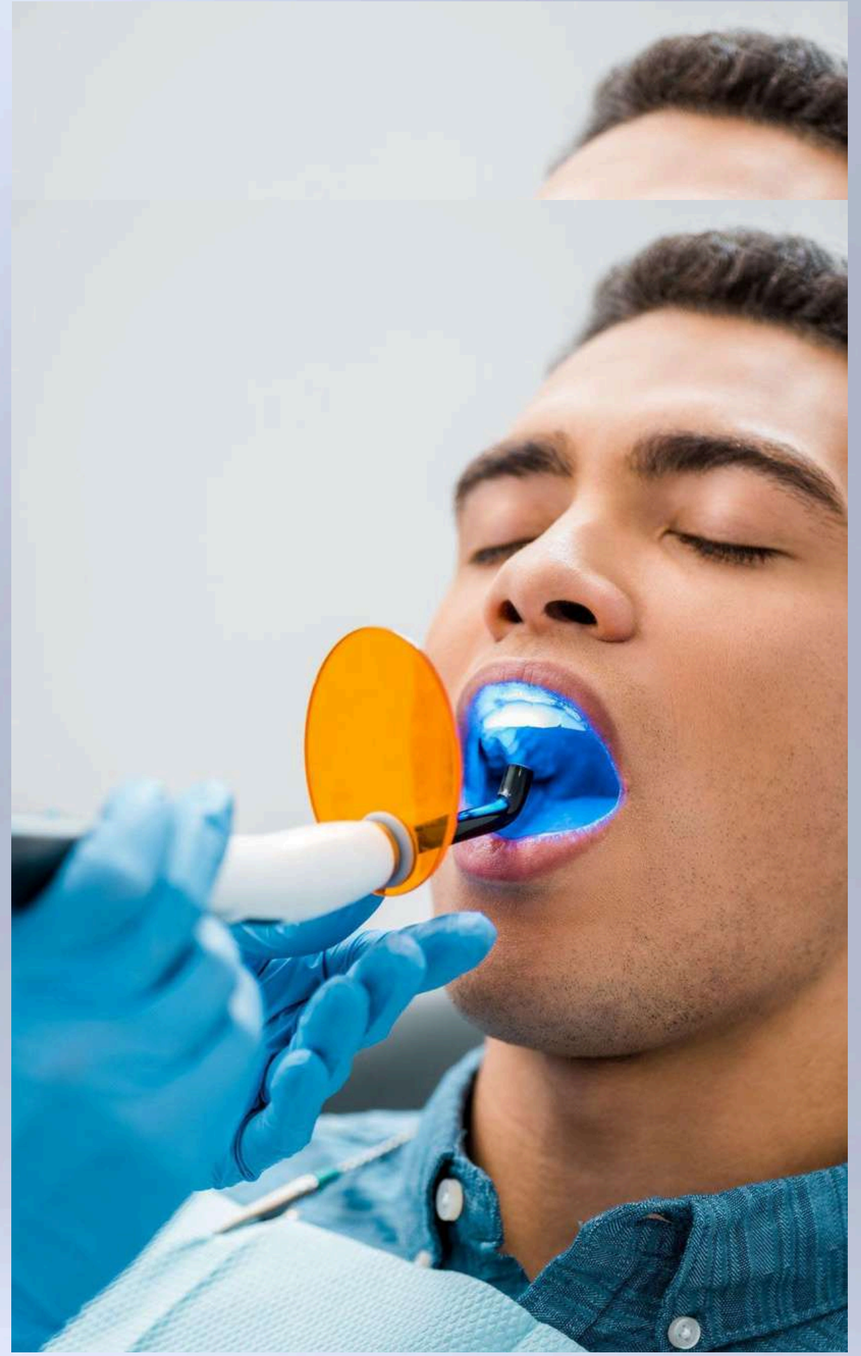


ORP comparison (oxidation reduction potential)

Fluoro	Fl	=	2,87	Volt
Hydroxyls	OH	=	2,8	Volt
Ozone	O3	=	2.07	Volt
Oxygenated water	H2O2	=	1,76	Volt
Chlorine	Cl	=	1,36	Volt
Chlorine Dioxide	ClO2	=	0,94	Volt

But... It's a bleach!

- All Oxidants are Bleaching Agents
- Even light (UV)
- So is the oxygen we breathe
- Usage is not relevant
- There are many drugs used for other purposes



Would you be treated with a rat poison ...or an explosive?

NO?...

Well…YES!....

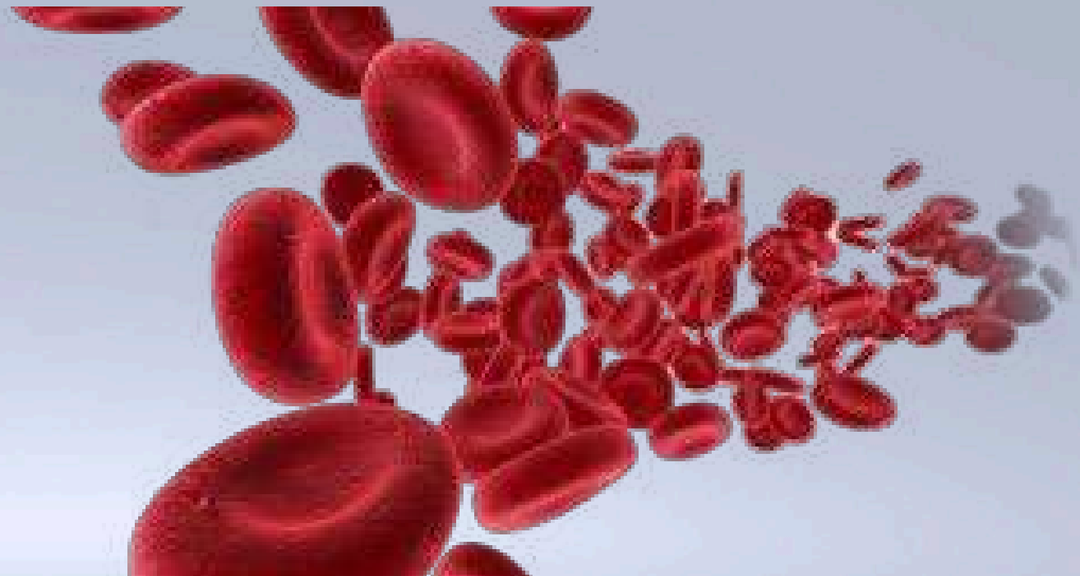
- Warfarin is a common anticoagulant and is also a rat poison… (Sintrom®).
- Nitroglycerin (Dynamite) is used as a spray for angina pectoris
- It was much discussed in the beginning

...today it is common medicine.

But... there is no medicine for all diseases!

Apparently Yes.

- The main function of blood is to **transport oxygen**
- The **common denominator** with CDS is the supply of oxygen
- CDS is thousands of times smaller and reaches everywhere
- This reduces acidity in blood and tissue

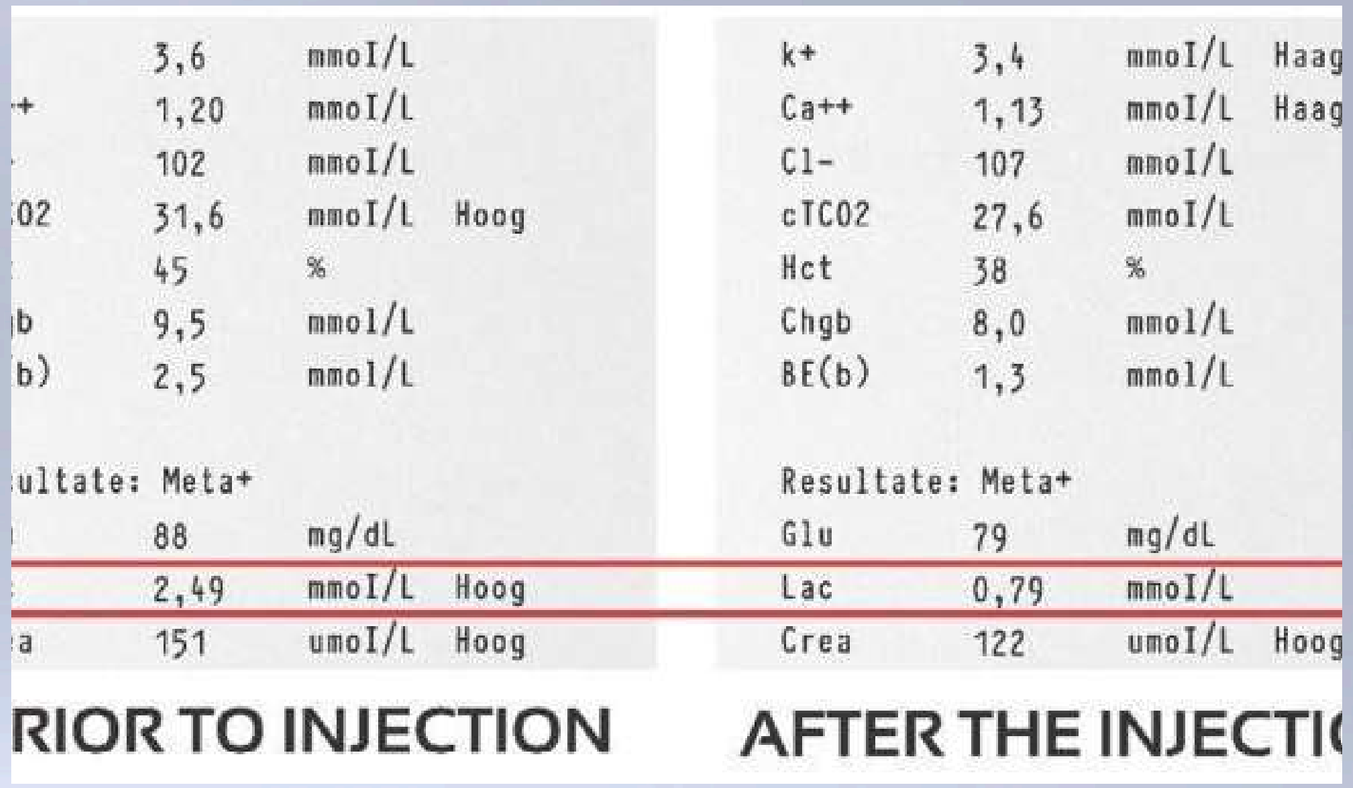


They say…
It produces acidosis or renal failure!

NO.

- CDS <u>is not a salt</u> … it is a **GAS** that releases oxygen and improves oxygen function by reducing creatinine.

- There is **more oxygen** in the kidney cells and therefore they function better.



	3,6	mmol/L	
+-	1,20	mmol/L	
	102	mmol/L	
02	31,6	mmol/L	Hoog
	45	%	
b	9,5	mmol/L	
b)	2,5	mmol/L	
ultate: Meta+			
	88	mg/dL	
	2,49	mmol/L	Hoog
a	151	umol/L	Hoog

RIOR TO INJECTION

k+	3,4	mmol/L	Haag
Ca++	1,13	mmol/L	Haag
Cl-	107	mmol/L	
cTCO2	27,6	mmol/L	
Hct	38	%	
Chgb	8,0	mmol/L	
BE(b)	1,3	mmol/L	
Resultate: Meta+			
Glu	79	mg/dL	
Lac	0,79	mmol/L	
Crea	122	umol/L	Hoog

AFTER THE INJECTI

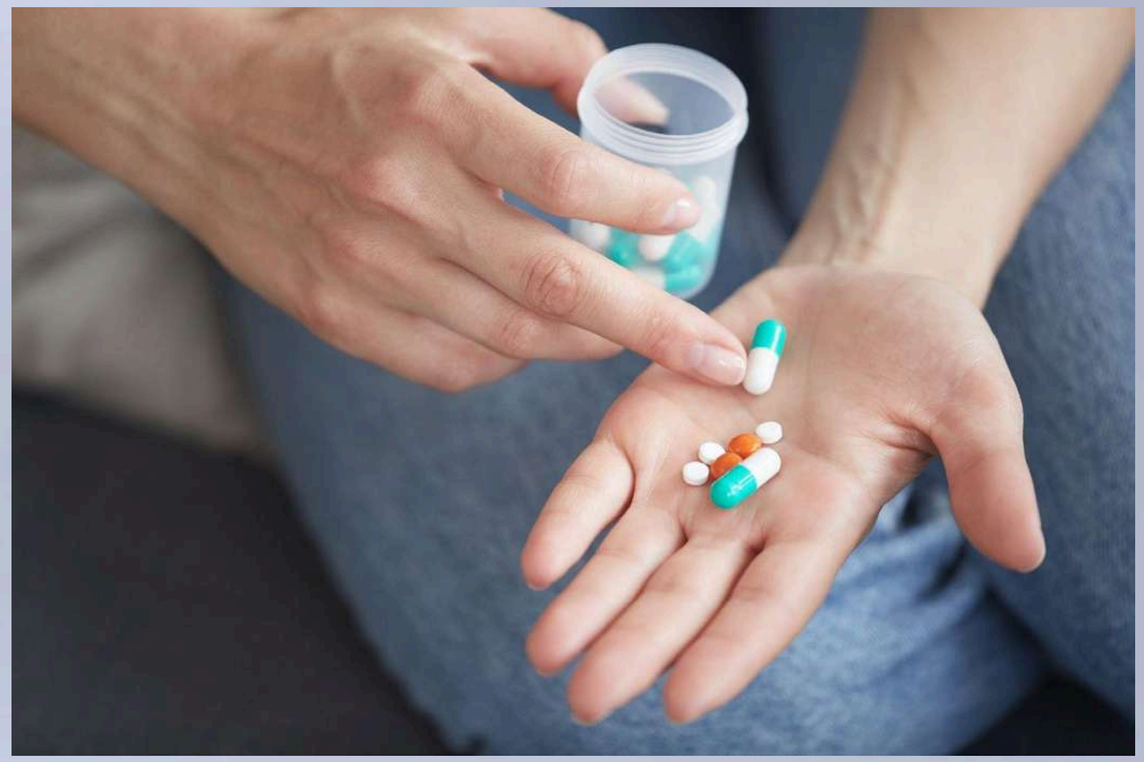
And if I take it...
...what will happen to me?

May cause a secondary effect...
...can help to heal a myriad of ailments...
...and above all **...** you can **lose your fear!**

Does it interact negatively with other drugs?

There have been NO reports of this in 15 years… not even with ‘chemo’.

- … is taken **1 hour away** from the medications.
- Because CDS gas is absorbed in less than **15 minutes** and **works not more than 2 hours.**
- For this reason, it should be taken periodically (approx. every hour).



How do I take it?

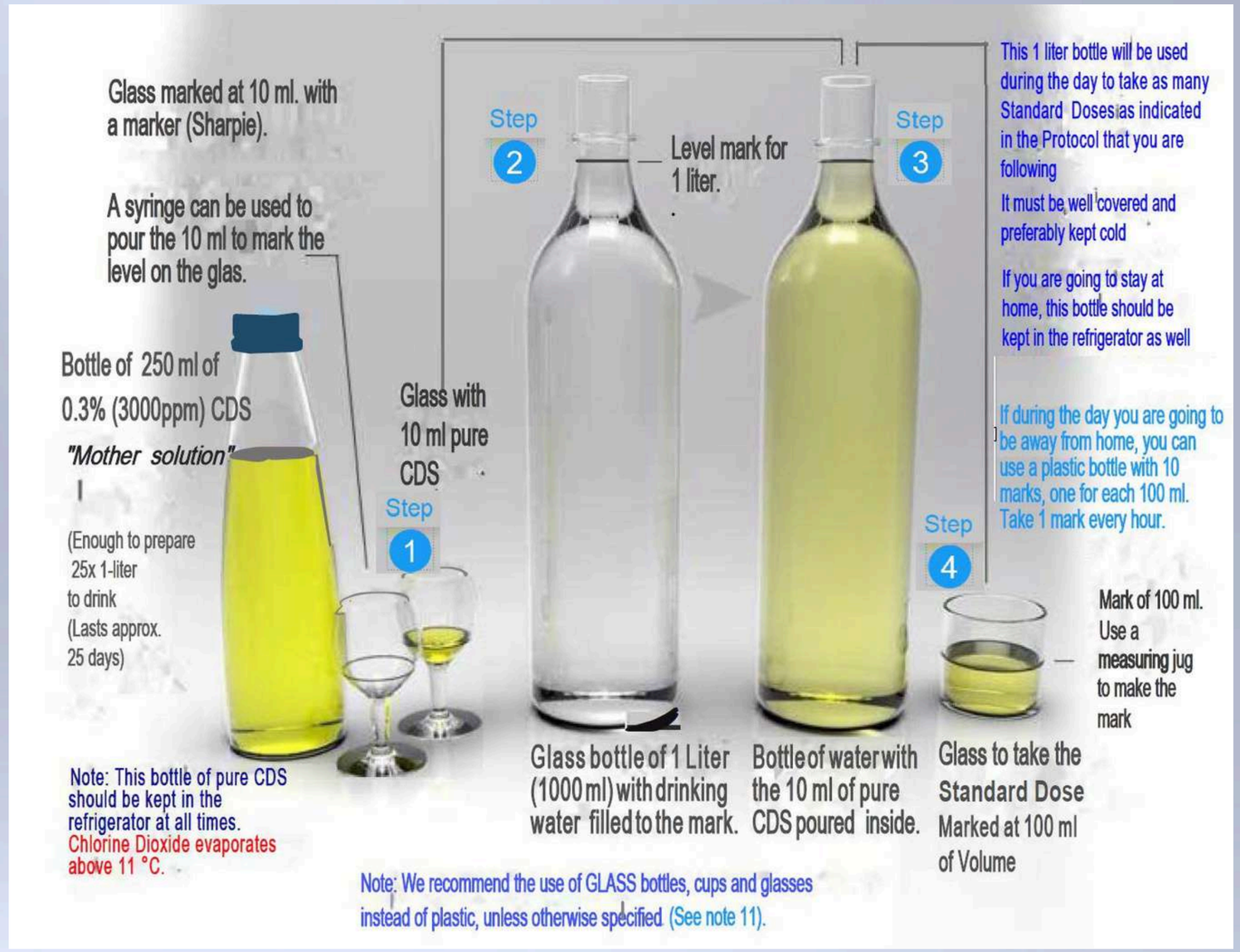
Easy... begin with...

10 milliliters of CDS (3000 ppm= 0.3%) ...

...in **1 liter of water,** and

Divide it in **10 doses**/day...

This is called **Protocol C**.



www.andreaskalcker.com

Make CDS video summary

What should I avoid...?

- Antioxidant tablets (Vit. C)
- Citrus juices
- Leaving the bottle open (gas evaporates)
- Too hot **>60ºC**
- Especially **UV light**
- **Fear** caused by fake news or ignorant people.

I have heard that it can not be taken with anticoagulants....

Yes, you can.

It all depends on the toxicity of the drug, not the CDS.

Simply control the amount of warfarin

.....

Don't forget that it's a rat poison...

...what if I am diabetic?

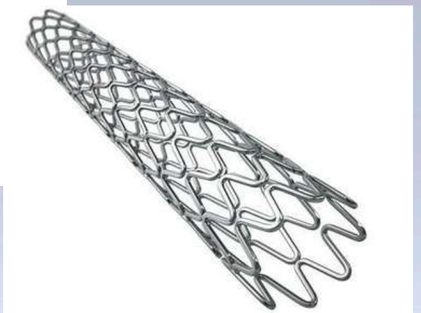
It is the same....

CDS **improves** your blood sugar values

This is why you must watch the amount of insulin so you do not to overdose it.

...it is **common sense**.

Does CDS rust my prosthesis or my pacemaker?



If they are not cast-iron... NO!

- All implants are corrosion resistant!
- Neither are the amalgams in the teeth
- Neither coronary stents.

Does age matter?

NO.

- It can be taken from newborn to 100 years old.
- **Only the** amount to drink **varies** because children drink less.

How about pregnant and lactating women?

Yes, definitely.

- **It does not** cause malformation and is therefore authorized for use in drinking water.
  - In tests on 12,000 rabbits **there** was **not** a single malformation.
  - Thousands of mothers successfully experienced it
  - It is **not** a toxic substance.

Published scientific evidence

Review Article
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Determination of the Effectiveness of Chlorine Dioxide in the Treatment of COVID 19

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Abstract

Introduction: The aim of this review is to determine the Effectiveness of Oral Chlorine Dioxide in the Treatmentof COVID 19.

Methods: Research on the mechanism of action of chlorine dioxide on viruses, on the oral consumption ofwater-solubilized Cl02 and on its toxicity was reviewed; a quasi-experimental investigation wasconducted on the use of oral water-soluble chlorine dioxide in the treatment of 20 patients withactive COVID19 infection, compared to a control group of 20 patients not treated with chlorinedioxide.

Results: To compare the effect in the experimental group versus the control group, a test of comparison of proportions and their confidence intervals was performed for the general symptoms, and for the VAS and Likert criteria, a paired test using the Wilcoxon-Mann-Whitney test (α: 95%) was performed . When comparing the experimental group with the control group on the seventh day after symptom manifestation, a significant difference was found in the experimental group with respect to the control group for the symptoms Fever (p: 0000), Cough (p: 0.0000), Chills (p: 0.0000) and Dyspnea (p: 0.0006). When performing the visual analogous comparison of pain in the control group and in the experimental group, it was found that in all the items that make up the scale decreased significantly in this group with respect to the control group (p: 0.0000; p:00017). On day 14 post-demonstration the difference was greater (p:0.000 ; p:0.0043). When evaluating both groups (Control and Experimental) in the laboratories, a difference was found for the values of the parameters PC Reactive on day 7 (p: 0.0001) and DH Lactate (0.0036), with higher scores for the experimental group; Dimero-D on day 7 (p: 0.0194) and on day 14 (p:0.0029) ; difference was found in all parameters. The results overall (p <0.05) demonstrate the hypothesis that chlorine dioxide is effective in the treatment of COVID19.

Conclusion: Chlorine dioxide is effective in the treatment of COVID19 and the mechanisms of action by which it acts to achieve it are proposed in this work. We recommend doing more research. We recommend conducting double-blind studies and delving into studies of toxicological safety and therapeutic efficacy of chlorine dioxide in pathologies of epidemiological impact in the near future.

Keywords: SARS-CoV-2 • COVID19 • Effectiveness • Chlorine Dioxide.

Introduction

In December 2019, a new respiratory illness emerged in Wuhan, China. The source of this infection was identified as a new coronavirus, related to other coronaviruses that had previously caused outbreaks of Severe Acute Respiratory Syndrome (SARS) between 2002 and 2004 and Middle East Respiratory Syndrome (MERS) in 2012 (National Institutes of Health , 2020). This virus was called "severe acute respiratory syndrome coronavirus 2" (SARS-CoV-2) and the disease resulting from infection by this virus was called "COVID-19". On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a pandemic.

Coronaviruses are a group of enveloped RNA viruses that can damage multiple organ systems. Like other coronaviruses, the SARS-CoV-2 virus is a spherical particle with glycoprotein spikes on its surface. Coronaviruses enter host cells when a region of the spike, known as the "receptor-binding domain," binds to angiotensin-converting enzyme 2 (hACE2) in human cells. The viral membrane then fuses with the host cell membrane, allowing the viral genome to enter the host cell.

Chlorine dioxide (ClO2) has been suggested as a potential agent in the fight against COVID-19 and has been proposed three clinical trials to examine the ability of ClO2 to treat COVID-19. However, this agent is not well known, is not understood and is even demonized in the medical community, we assume that by confusion conceptual with sodium hypochlorite. Therefore, we set out to verify the effectiveness of oral use of the dioxide of chlorine in COVID19 through this study, reviewing in depth the history of ClO2, its safety / toxicity profile and its possible applications in the fight against COVID-19. The objective of this research is to determine if chlorine dioxide is effective in managing covid19 [1-65].

Literature Review

Chlorine Dioxide (ClO_2) Physical and Chemical Properties of Chlorine Dioxide

Chlorine dioxide, ClO_2, is a gas under standard conditions with a molar

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OVID19 Long Term Effects in Patients Treated with Chlorine Dioxide

anuel Aparicio-Alonso[1], Carlos A. Dominguez-Sánchez[1], Marina Banuet-Martinez[1]

Journal of Infectious Diseases & Therapy

Research Article Open Access

Chlorine Dioxide as an Alternative Treatment for COVID-19

More Published scientific evidence

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ARetrospectiveObservationalStudyofChlorineDioxideEffectiveness toCovid19-like SymptomsProphylaxis in RelativesLivingwithCOVID19Patients

ManuelAparicio-Alonso[1],CarlosA.Domínguez-Sánchez[2],MarinaBanuet-Martínez[3]
[1,2,3]CentroMédicoJurica,Querétaro,México

ABSTRACT: To date, there is no effective prophylactic agent to prevent COVID-19. However, the development of symptoms similar to covid19 could be prevented with an aqueous solution of chlorine dioxide (ClO2). This retrospective study evaluated the effectiveness of an aqueous solution of ClO2 (CDS) as a prophylactic agent in 1,163 family members living with positive/suspected COVID19 patients. Prophylactic treatment consisted of 0.0003% chlorine dioxide solution (CDS) orally for at least fourteen days. Family members in whom no reports of the development of covid19-like symptoms were found in the medical history were considered successful cases. The efficacy of CDS in preventing covid19-like symptoms was 90.4% (1,051 of 1,163 relatives did not report any symptoms). The comorbidities, sex and severity of the illness of the sick patient did not contribute to the development of symptoms similar to covid19 (P=0.092, P=0.351 and P=0.574, respectively). However, older relatives were more likely to develop covid19-like symptoms (OR=4.22, P= 0.002). There was no evidence of alterations in blood parameters or in the QTc interval in relatives who consumed CDS. The recent findings regarding Chlorine Dioxide justify designing clinical trials to assess its efficacy for preventing SARS-CoV-2 infection.

KEYWORDS: Chlorine Dioxide, prophylaxis, COVID19, Pandemic

I. INTRODUCTION

The coronavirus disease of 2019 (COVID19), caused by the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), is a pathology transmitted directly or indirectly through aerosols and whose significant symptoms include mild to severe pneumonia (da Rosa Mesquita *et al.*2021; Yu *et al.*2020). It has been shown that a high percentage of infections (mean 16.6%) occurs mainly in family nuclei (Liu *et al.*2020; Madewell *et al.*2020) mostly because houses are closed environments that make it hard to maintain social distance, there is a reduced use of personal protective equipment, and it is not possible to completely isolate a sick family member (Madewell *et al.*2020). Attributable to the global problems and the rapid spread of this disease, there are research groups dedicated to testing drugs that contribute to prevent and improve the prognosis of the disease (eg. kernech, Bryant *et al.*,2021; Vitamin D, Martineau & Forouhi, 2020; and Hydroxychloroquine, Rajasinghame *et al.*,2021). However, the global crisis continues, and it is necessary to test other substances that could definitively prevent the spread of SARS-CoV-2 and develop COVID19.

Aqueous solutions of Chlorine Dioxide (ClO_2) have antimicrobial potential due to the denaturation of the viral capsids' specific proteins (Kály-Kullai *et al.*2020). For example, ClO_2 was shown to have the ability to inactivate Influenza Virus caused by oxidating tryptophan 153 residue in the receptor-binding site (Ogata 2012). Considering SARS-CoV-2 spike protein composition (12 tryptophan, 54 tyrosine, and 40 cysteine residues), it can be assumed that ClO_2 also has the potential to inactivate this virus (Insignares-Carrione, Bolano Gómez, and Ludwig Kalcker 2020). There are a lot of unique properties that make ClO_2 an ideal, non-specific antimicrobial: It has been demonstrated that ClO_2 is a size-selective antimicrobial agent that can neutralize microorganisms rapidly (Noszticzius *et al.*2013). Furthermore, it can be used in animals and humans without adverse effects in proper concentrations because of its incapability to penetrate the tissues (Kály-Kullai *et al.2020*; Noszticzius *et al.2013*).

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ORIGINAL ARTICLE

Comparative study of hyperpure chlorine dioxide with two other irrigants regarding the viability of periodontal ligament stem cells

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Abstract

Objectives Periodontal ligament stem cells (PDLSCs) have an underlined significance as their high proliferative capacity and multipotent differentiation provide an important therapeutic potential. The integrity of these cells is frequently disturbed by the routinely used irrigative compounds applied as periodontal or endodontic disinfectants (e.g., hydrogen peroxide (H_2O_2) and chlorhexidine (CHX)). Our objectives were (i) to monitor the cytotoxic effect of a novel dental irrigative compound, chlorine dioxide (ClO_2), compared to two traditional agents (H_2O_2, CHX) on PDLSCs and (ii) to test whether the aging factor of PDLSC cultures determines cellular responsiveness to the chemicals tested.

Methods Impedimetry (concentration-response study), WST-1 assays (WST = water soluble tetrazolium salt), and morphology analysis were performed to measure changes in cell viability induced by the 3 disinfectants; immunocytochemistry of stem cell markers (STRO-1, CD90, and CD105) measured the induced mesenchymal characteristics.

Results Cell viability experiments demonstrated that the application of ClO_2 does not lead to a significant decrease in viability of PLDSCs in concentrations used to kill microbes. On the contrary, traditional irrigants, H_2O_2, and CHX are highly toxic on PDLSCs. Aging of PLDSC cultures (passages 3 vs. 7) has characteristic effects on their responsiveness to these agents as the increased expression of mesenchymal stem cell markers turns to decreased.

Conclusions and clinical relevance While the active ingredients of mouthwash (H_2O_2, CHX) applied in endodontic or periodontitis management have a serious toxic effect on PDLSCs, the novel hyperpure ClO_2 is less toxic providing an environment favoring dental structure regenerations during disinfectant interventions.

Keywords Chlorine dioxide · Dental stem cells · PDLSC · Viability · Toxicity · Hydrogen peroxide · Chlorhexidine

Introduction

For the last two decades, the discovery of the dental stem cells (DSCs) has opened new perspectives in regenerative dentistry and medicine. The first source of these oral cells with mesenchymal stem cell (MSC) properties was the human dental pulp [1], and subsequently, four more types of DSCs were gained from different tooth-related tissues, such as pulp of exfoliated deciduous teeth [2], periodontal ligament (PDL) [3], dental follicle [4], and apical papilla [5]. The common feature of these DSCs is that they exhibit fibroblast-like morphology with good proliferative potential and fulfill the minimal criteria of MSC characteristics, such as adherence to plastic surface, expression of certain surface antigens (e.g., more than 95% of the cell population express CD73, CD90, and CD105, and less than 2% express hematopoietic markers), and capacity for multipotent differentiation in vitro [6]. Recent studies

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Study on the resistance of severe acute respiratory syndrome-associated coronavirus

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Abstract

In this study, the persistence of severe acute respiratory syndrome-associated coronavirus (SARS-CoV) was observed in feces, urine and water. In addition, the inactivation of SARS-CoV in wastewater with sodium hypochlorite and chlorine dioxide was also studied. In vitro experiments demonstrated that the virus could only persist for 2 days in hospital wastewater, domestic sewage and dechlorinated tap water, while 3 days in feces, 14 days in PBS and 17 days in urine at 20 °C. However, at 4 °C, the SARS-CoV could persist for 14 days in wastewater and at least 17 days in feces or urine. SARS-CoV is more susceptible to disinfectants than *Escherichia coli* and f_2 phage. Free chlorine was found to inactivate SARS-CoV better than chlorine dioxide. Free residue chlorine over 0.5 mg/L for chlorine or 2.19 mg/L for chlorine dioxide in wastewater ensures complete inactivation of SARS-CoV while it does not inactivate completely *E. coli* and f_2 phage.

Keywords: SARS-CoV; Resistance; In vitro; Disinfection

1. Introduction

Between late 2002 and the first half of 2003, SARS outbreaks occurred in 32 countries and regions, over 8436 SARS cases and 812 deaths were reported by July 5, 2003 while a worldwide alert on SARS was removed (WHO, 2003a). The major mode of transmission of SARS-CoV is through close person contact, in particular, exposure to droplets of respiratory secretions from an infected person (Rota, 2003; Lee, 2003; Tsang, 2003; WHO, 2003b). While a cluster of SARS cases was reported in an apartment block in Hong Kong, wastewater is believed to play a role through droplets containing coronavirus from the wastewater system (WHO, 2003c). SARS-CoV RNA was detectable in urine, stool, and oropharyngeal washing fluid (He et al., 2004; A Study Group of SARS in China, 2004). Liu et al. (2003) reported that the median (range) duration of SARS-CoV excretion in sputa and stools was 21 (14–52) and 27 (16–126) days, respectively. RNA of SARS-CoV was found in the wastewater samples from the Xiao Tang Shan Hospital and 309th Hospital of PLA, which were designated to receive SARS patients in Beijing in 2003 (Wang et al., 2004). These caused serious concern to the disinfection of wastewater of hospitals received SARS patients. However, there have only been a few inactivation studies of SARS-CoV, and much higher concentration of disinfectants was used (Liu, 2003; Tsang, 2003; Li J, 2003).

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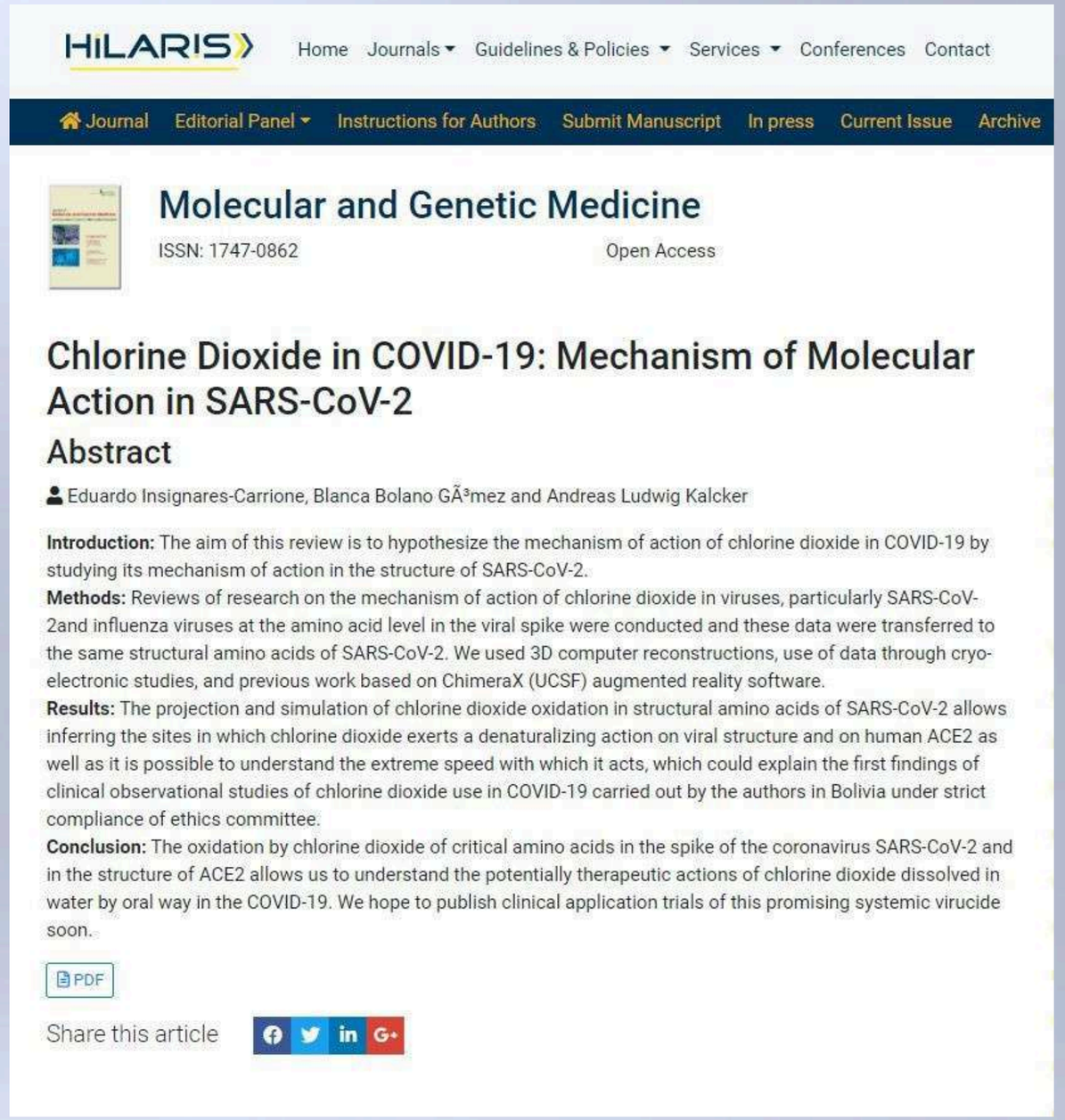
Does it work on Covid-19?

YES ...Definitely

- There are many scientific studies that already affirm this.
- It should be started as soon as possible to avoid viral multiplication.
- Taking it during the night avoids the regrowth of viruses!



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Molecular and Genetic Medicine

ISSN: 1747-0862 Open Access

Chlorine Dioxide in COVID-19: Mechanism of Molecular Action in SARS-CoV-2

Abstract

Eduardo Insignares-Carrione, Blanca Bolano GÃ³mez and Andreas Ludwig Kalcker

Introduction: The aim of this review is to hypothesize the mechanism of action of chlorine dioxide in COVID-19 by studying its mechanism of action in the structure of SARS-CoV-2.

Methods: Reviews of research on the mechanism of action of chlorine dioxide in viruses, particularly SARS-CoV-2and influenza viruses at the amino acid level in the viral spike were conducted and these data were transferred to the same structural amino acids of SARS-CoV-2. We used 3D computer reconstructions, use of data through cryo-electronic studies, and previous work based on ChimeraX (UCSF) augmented reality software.

Results: The projection and simulation of chlorine dioxide oxidation in structural amino acids of SARS-CoV-2 allows inferring the sites in which chlorine dioxide exerts a denaturalizing action on viral structure and on human ACE2 as well as it is possible to understand the extreme speed with which it acts, which could explain the first findings of clinical observational studies of chlorine dioxide use in COVID-19 carried out by the authors in Bolivia under strict compliance of ethics committee.

Conclusion: The oxidation by chlorine dioxide of critical amino acids in the spike of the coronavirus SARS-CoV-2 and in the structure of ACE2 allows us to understand the potentially therapeutic actions of chlorine dioxide dissolved in water by oral way in the COVID-19. We hope to publish clinical application trials of this promising systemic virucide soon.

PDF

Share this article

Which protocol for Covid 19?

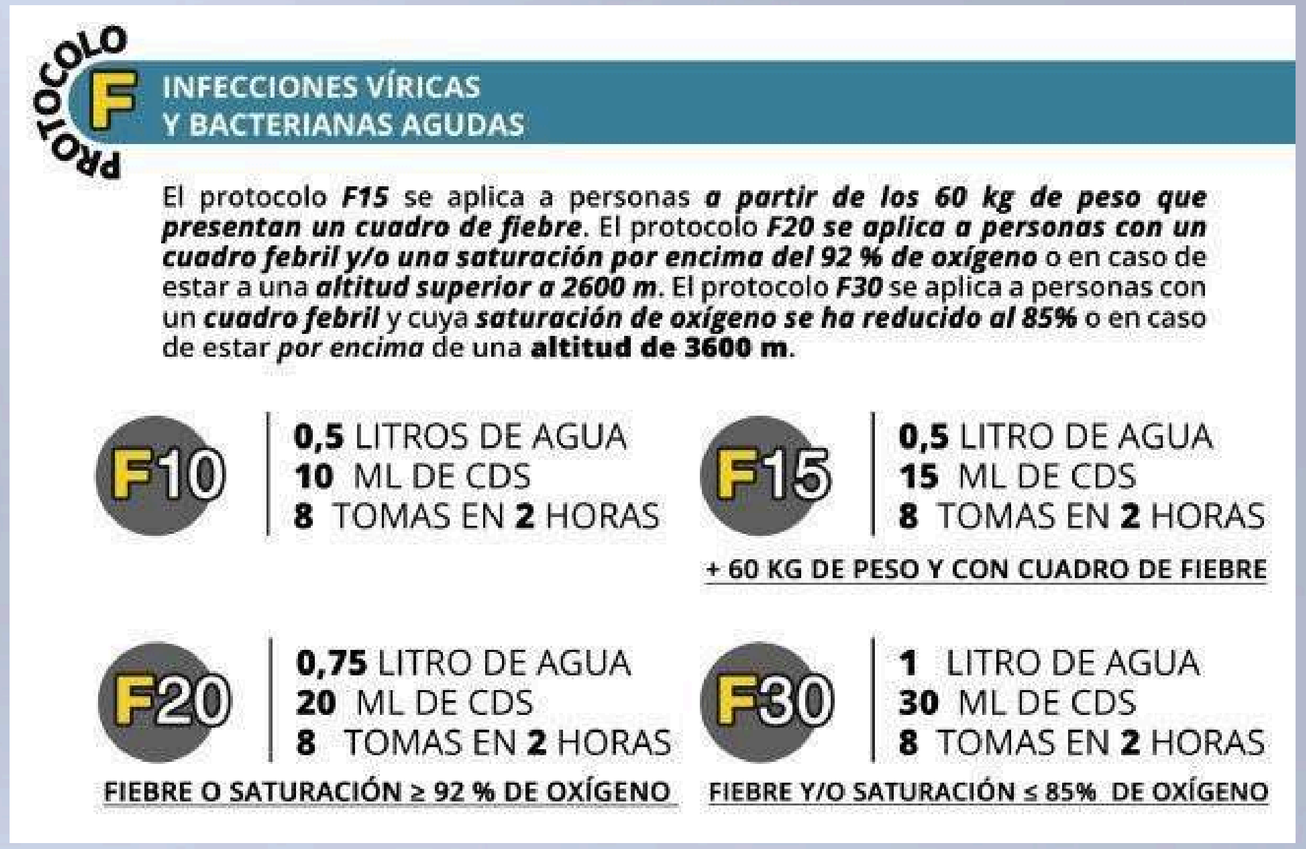
It depends... to **protect**:

- **Spray protocol,** in cases of contact with people.

- **Protocol C** for exposed medical personnel and people at risk of infection.

And... if I feel sick with symptoms...?

With fever: **Protocol F**
(fever or frequent fever)
Then follow with **protocol C**
If no improvement **....**
protocol **E** (for enema) and
protocol **B** (for bath).
If still no improvement ....
then consult a **COMUSAV**
Physician**.**



What is better? Only CDS or with other drugs?

Multi-prescriptions are not effective in Covid 19

…Less is BETTER…

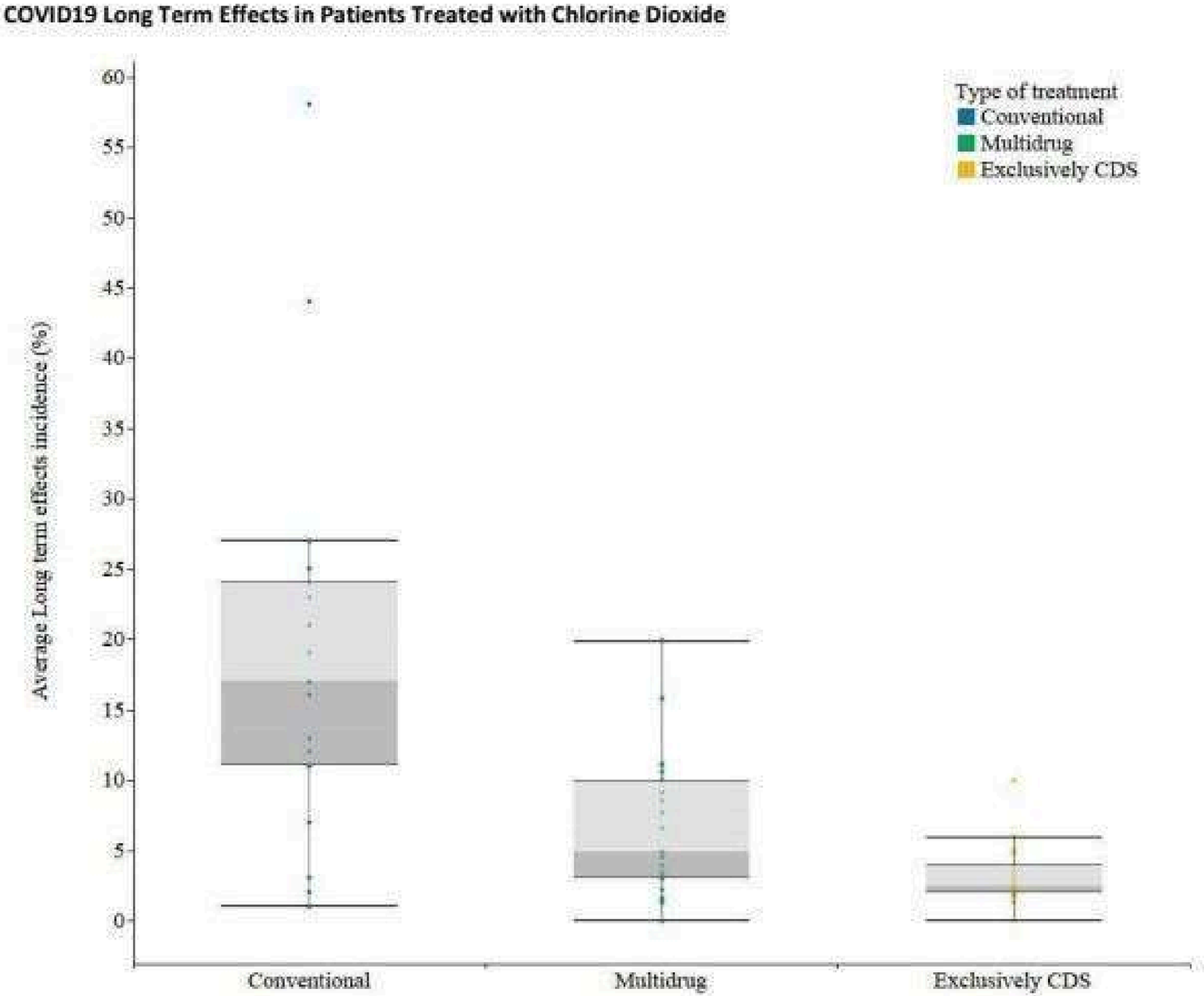
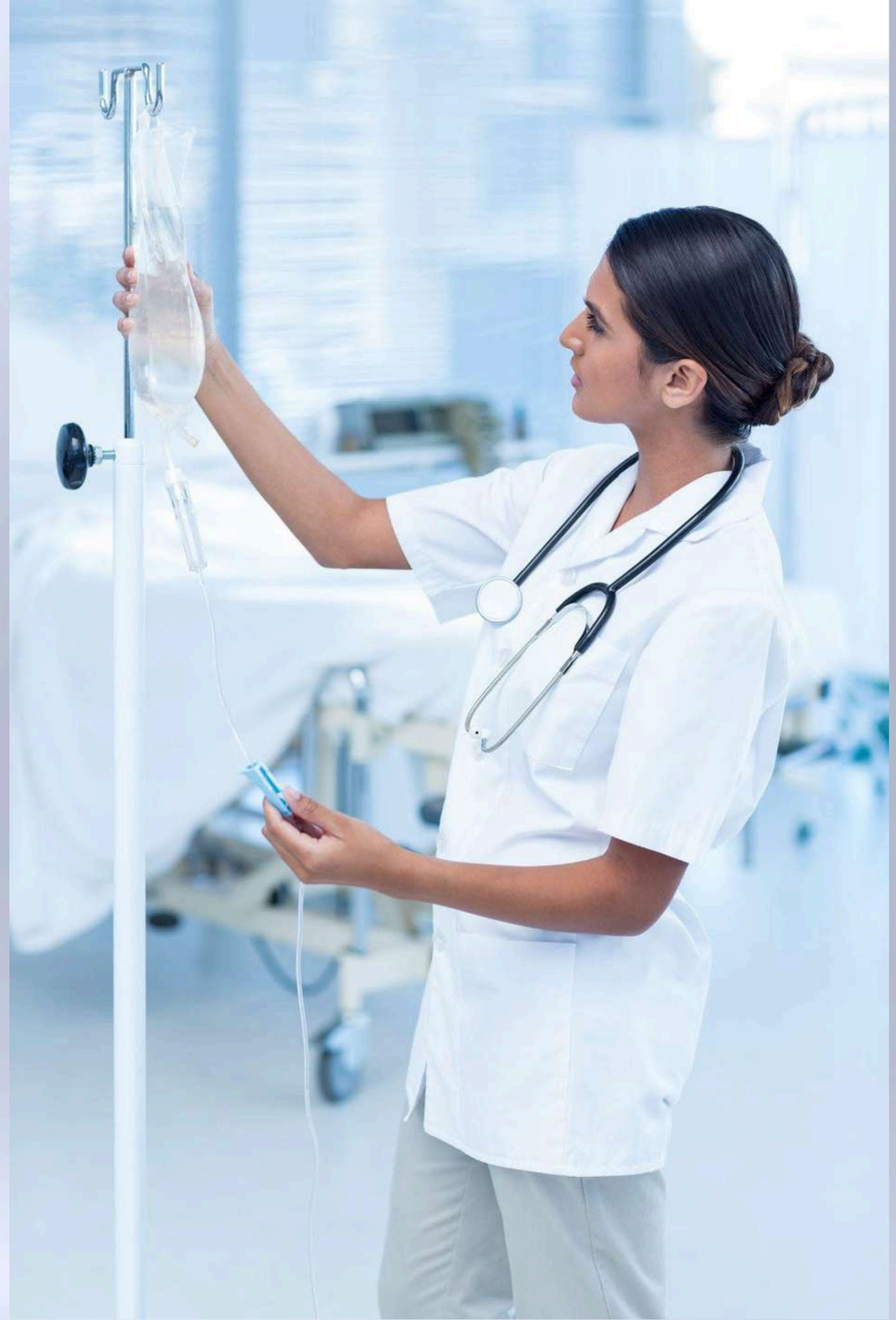


FIGURE 3. The average incidence of COVID19 long term-effects depending on the type of treatment. Data analyzed from a previously conducted meta-analysis (Lopez-Leon et al. 2021) is blue (Conventional).

Can it be applied intravenously?

Yes, but it can only be applied by physicians for legal reasons.

- For this purpose, you must sign a **informed consent**.
- CDS is not yet an authorized drug.
- Physicians can be trained at ALK FOUNDATION.
- There are **online courses** on the subject.

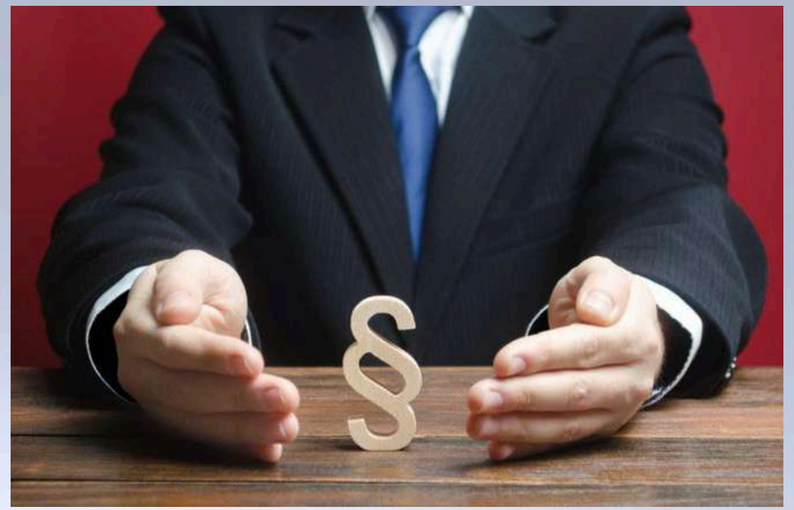


Can the physician legally use it?

The WMA **Helsinki** Declaration clearly states in **§ 37** that:

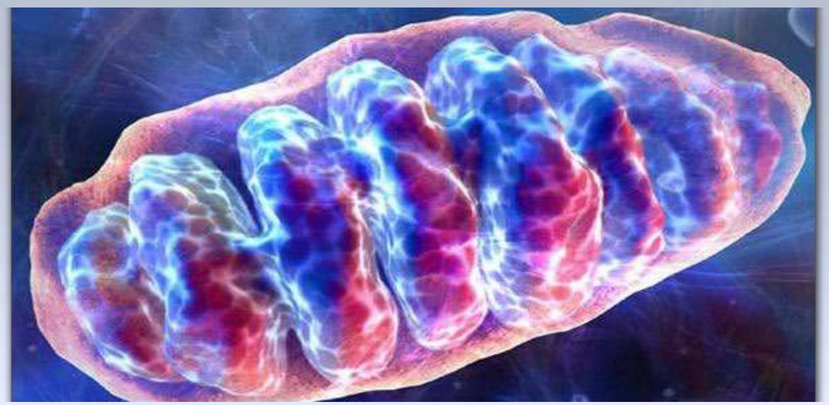
- The physician may use **any substance** if he/she duly informs the patient and the patient must sign an **informed consent** form.
- This treatment should be **duly documented** by the physician for further investigation.

WORLD MEDICAL ASSOCIATION



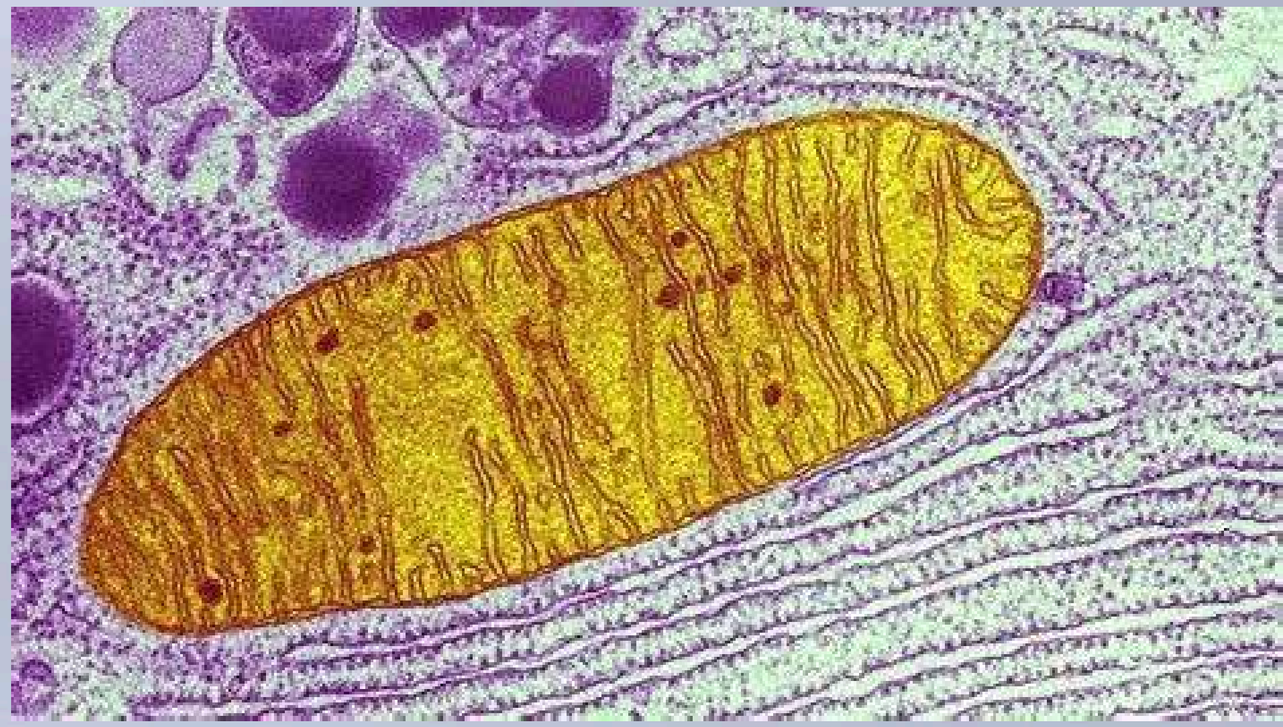
But... How does the CDS work?

1. By ingesting the water with CDS the gas diffuses through the cell walls.
2. It enters the blood stream and the entire cellular space.
3. If it encounters certain acids, it acts causing a reaction.
4. This reaction is like an electric shock.
5. Bacteria, viruses and fungi are acidic and are oxidized by CDS.
6. It also reduces inflammation and harmful lactic acid.
7. Releasing oxygen reactivates mitochondria.



Disease = Lack of energy

- Inside our cells there are **mitochondria**.
- They convert sugar with oxygen to energy (ATP).
- All the cells of the body function this way.
- If the mitochondria do not receive oxygen there is no energy and the body gets sick.



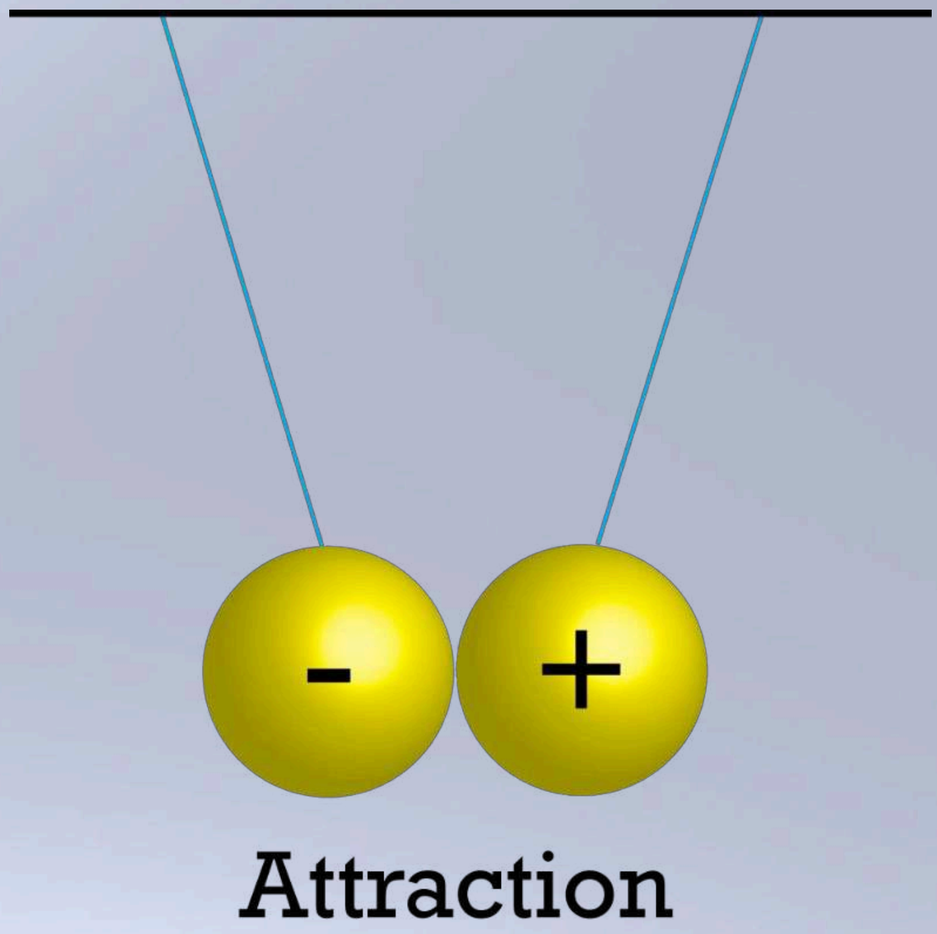
And ...why doesn't it kill my cells?

For 2 reasons:

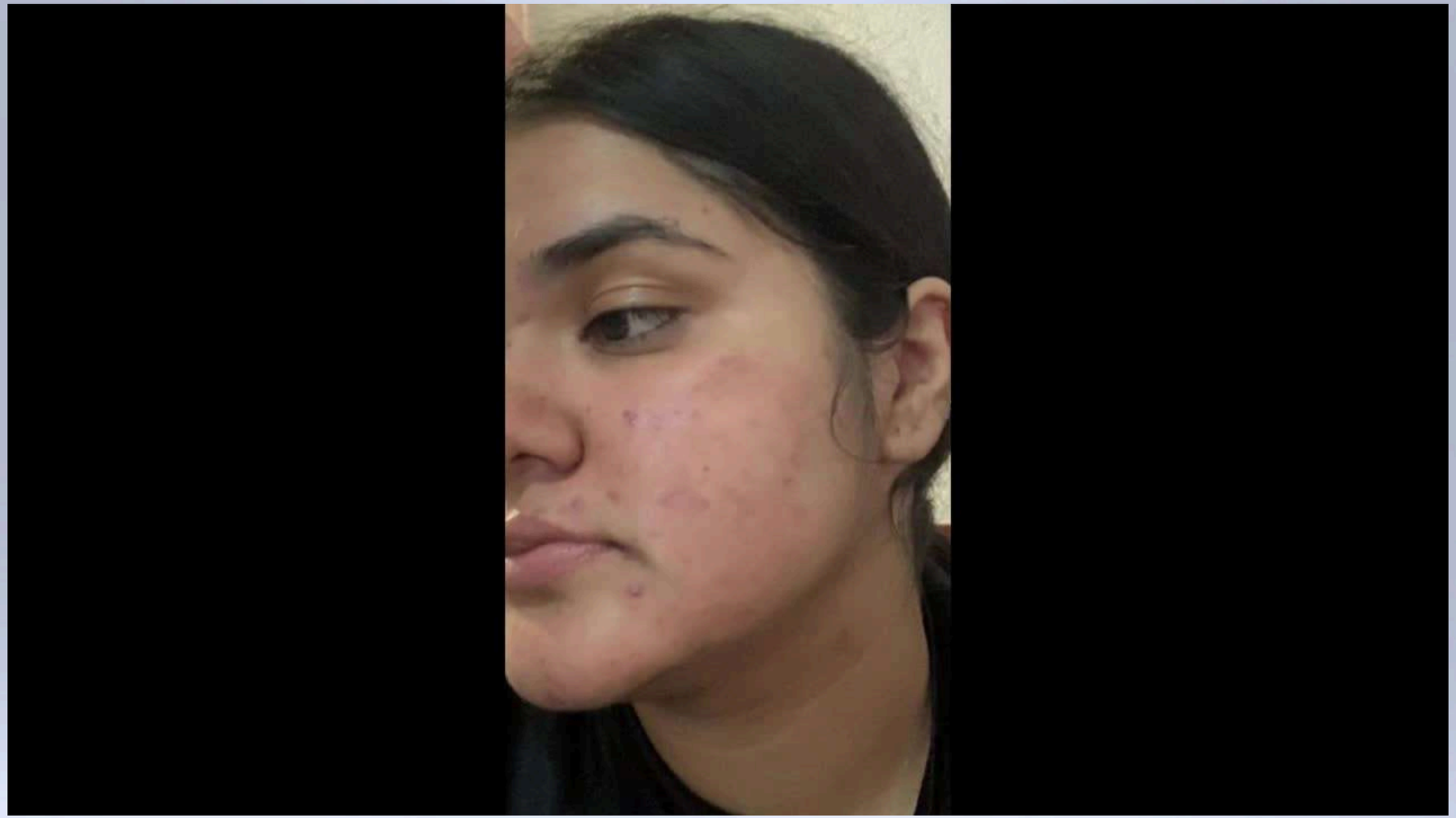
1. By size...
2. the virus is very small and cannot resist the oxidation shock.
3. Our cells bind together and can dissipate electrical charges without being damaged.

Does it work in chronic diseases… cancer?

- It can work…. because they virtually all have acidosis in common.
- CDS reacts with these acids and neutralizes them.
- This is true... as long as it reaches the site of the problem in sufficient quantities..
  ...because it is consumed (used up) in this process.



Cases, before and after CDS



And... how long can I take it?

Your whole life…

- Only use if there is a need to use it.
- It breaks down into just a lump of salt and oxygen.
- Both are essential to life and are not harmful.

But...will it work for my health problem?

Probably...Yes
What do you lose by trying?
It is harmless in the recommended doses.

Parkinson's testimony

And how much should I take...?

Always start with Protocol C.

...if it is not enough you increase the dose

(C20 = 20 ml/liter) if that doesn't work…

read the book...or...**the web**.

https://andreaskalcker.com/protocolos-cds/

There are protocols from A - Z,

which are different ways of using CDS

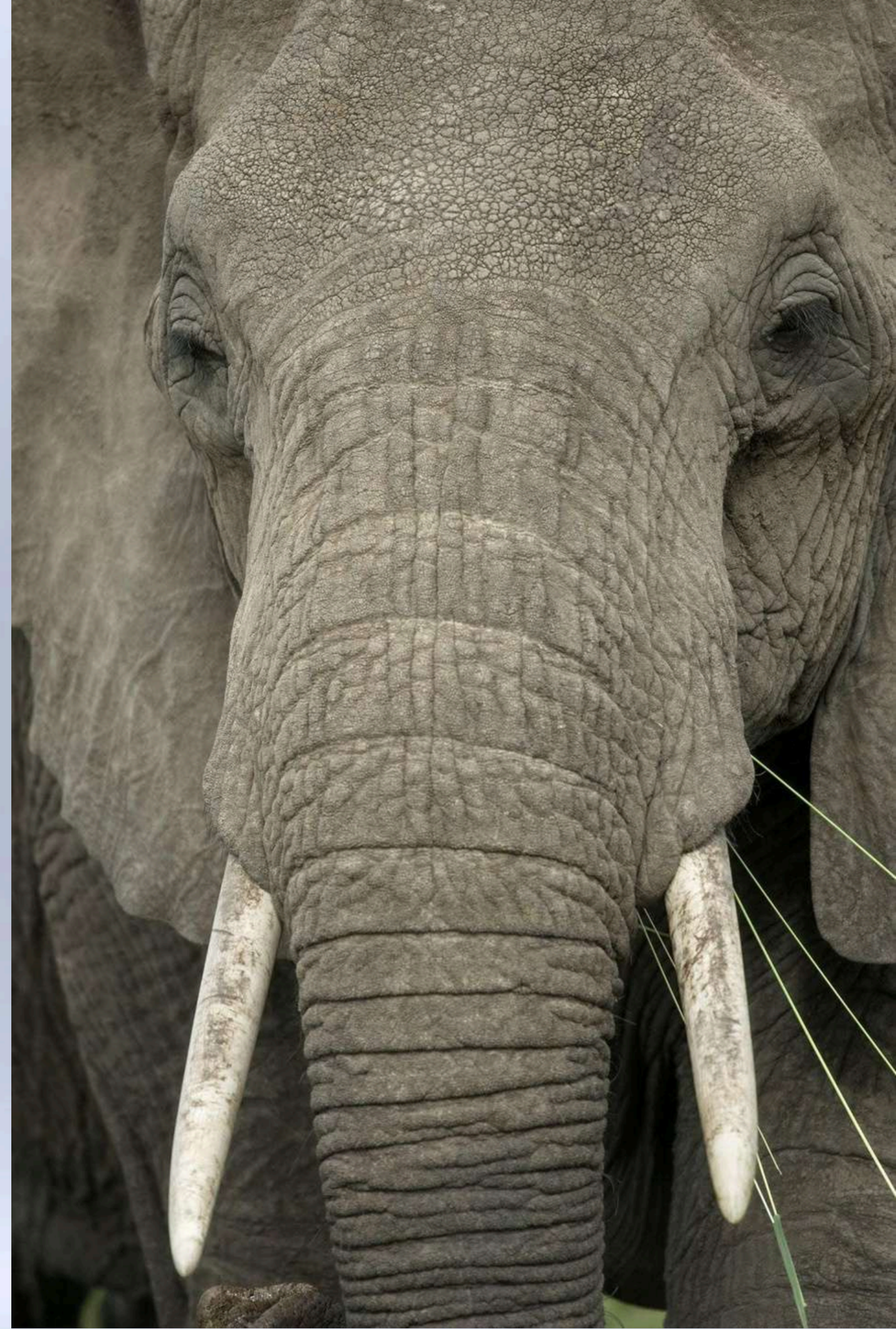
to optimize effectiveness.

and how much... for my animals?

The same...

- 10-20 ml/liter (= 30 - 60 ppm)
- It's **the same** for a hummingbird as for an elephant...
- The only difference is the **amount** they drink.....
- So, it is easy ...

Go ahead without fear!



What if… I have been vaccinated?

- **COMUSAV** physicians **have clearly reported its efficacy** in post inoculation problems with the RnA genetic experiment.
- CDS avoids the fatal blood clotting by eliminating spike proteins (myocarditis, thrombi, etc.).
- It also appears to be effective in reducing and repairing damage done by graphene.

COMUSAV

WORLD HEALTH AND LIFE COALITION

Recoveries or improvements confirmed by patients:

- Dental abscess
- Stomach acidity
- Acne
- Some types of diabetes
- Some cases of celiac disease
- Some cases of TB
- Some heart problems
- Some cancers
- Some parasites
- Anxiety
- Arthritis
- Reactive arthritis
- Asthma
- Babesia
- Bartonella
- Bromidrosis
- Bronchitis
- Bruises
- Cramps
- Jaw osteonecrosis
- Dandruff
- Chlamydia
- Cholesterol
- Colitis
- Ulcerous colitis
- Contusions
- Constipation
- Lupus (at least improvement)
- Multiple sclerosis (at least improvement)
- Skin cancer
- Stomach cancer
- Breast cancer
- Leg cancer
- Prostatic cancer
- Thyroid cancer
- Weakness
- Demodex
- Dengue fever
- Depression
- Menstrual cycle irregularities
- Diarrhea
- Different types of paralyses
- Diverticulitis
- Abdominal pain
- Joint aches
- Backaches
- Jaw aches
- Toothaches
- Headaches
- Leg aches
- Muscle pain
- Lymphatic pain
- Eczema
- Edema
- Bacteria elimination
- Endocarditis
- Crohn's disease
- Lyme's disease
- Sjogren's disease
- Emphysema
- Poisoning
- Epstein-Barr
- Eruptions
- Stomatitis
- Fibromyalgia
- Fever
- Phlegm
- Gangrene
- Flu
- Halitosis
- Hepatitis B
- Hepatitis C
- Herpes
- Genital herpes
- Fungus
- Infections in general
- Mouth infection
- Skin infection
- Urinary tract infection
- Ear infection
- Kidney infection
- Bladder infection
- Sinus infection

And...does it work post covid?

Yes, ...definitely!

- There are documented scientific studies with more than 1,000 people in this regard.
- A great improvement was achieved in most cases with CDS alone.
- Even completely eliminates the harmful effects.

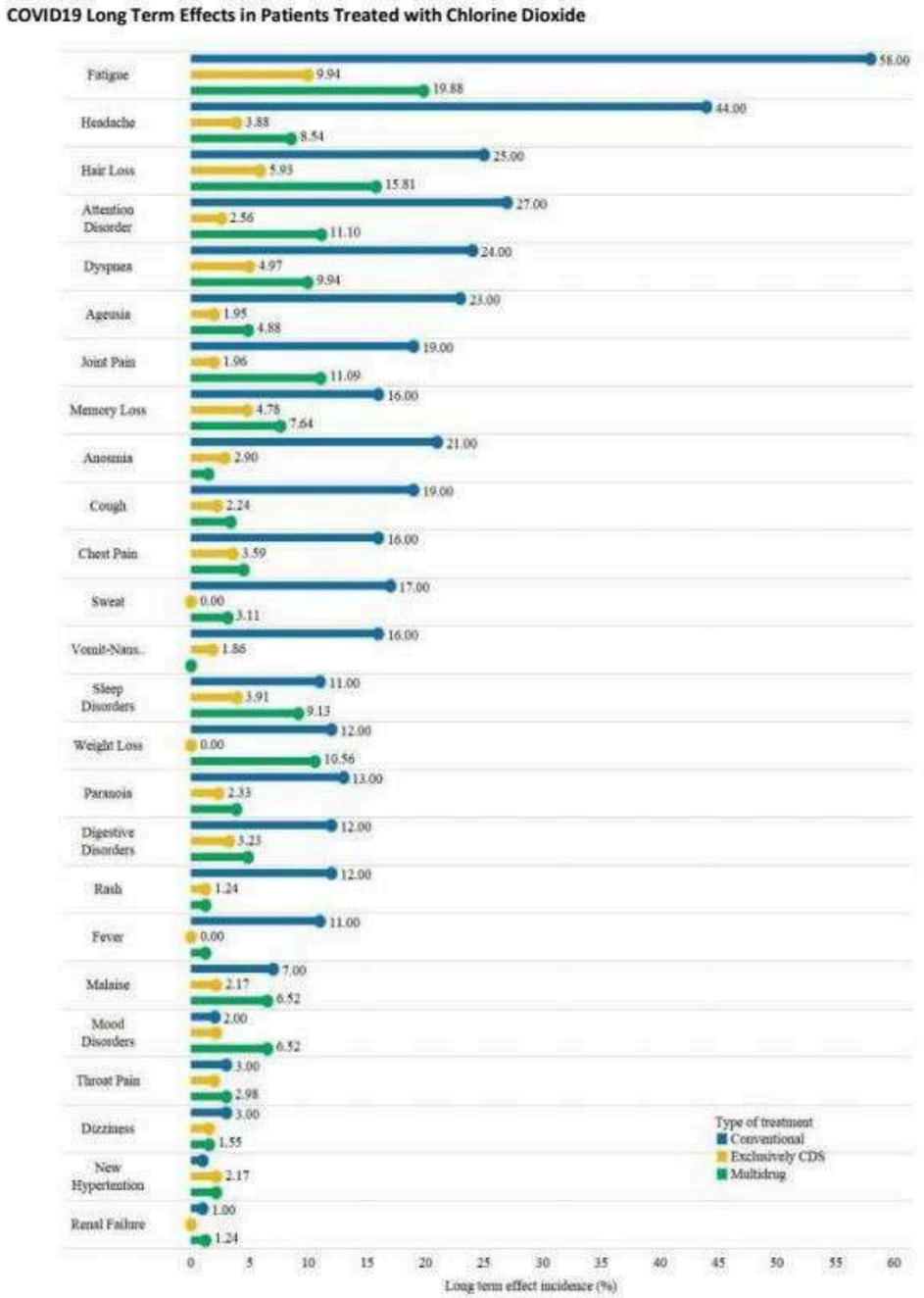
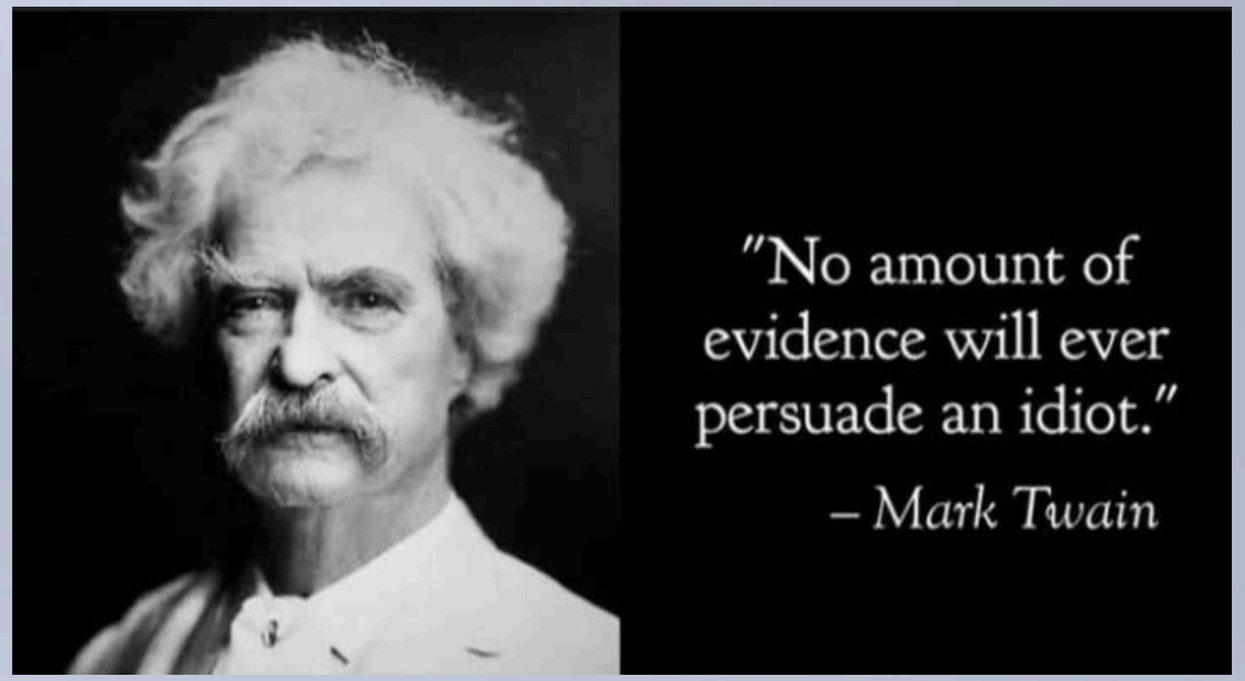


FIGURE 1. Incidence of the 25 different COVID19 long-term effects depending on the type of treatment. The incidence reported in a previously conducted study (Lopez-Leon et al. 2021) is blue (Conventional).

What disease can CDS not cure?

- Stupidity
- Arrogance
- Ego
- Falsehood
- Narrow-mindedness



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