A Miracle Treatment for Malaria and Other Diseases

While investigating the chemistry and healing properties of stabilised oxygen, this research engineer developed a simple formula that can overcome the symptoms of malaria in only a few hours and is already being used successfully in Africa.

by Jim V. Humble © 2007

Email:
jim@jimhumble.com

Website:
http://www.miraclemineral.org

This is the story of the discovery and development of possibly the most amazing enhancement for the immune system yet discovered. In my book *Breakthrough: The Miracle Mineral Supplement of the 21st Century* (Part I is available free online at http://www.miraclemineral.org), I have provided complete details on how to make the supplement in your kitchen, with most of the ingredients bought off the shelf. It is entirely possible that you will save someone's life or your own.

Because the Miracle Mineral Supplement (MMS) functions as a supercharger to the immune system, it is not meant for the 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. For example, one of the main killers of mankind in the world today, malaria, is usually overcome by this supplement in just four hours. This has been proven through clinical trials in Malawi, eastern Africa, where in killing the malaria parasite in the body there was not a single failure. More than 75,000 malaria victims have taken the supplement and are now back at work and living productive lives. After taking the supplement, AIDS patients are often disease free in three days, and other diseases and conditions simply disappear.

The Journey Begins

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, was calling from Chicago. 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 familiar already 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's time. 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 prepare myself for the jungle. The most important things that I took, relevant to this story, were several bottles of stabilised oxygen. (Please don't get the idea that stabilised oxygen is the miracle solution that I am writing about here.) 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; the water is not safe to drink.

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

I had actually worked with stabilised oxygen for some time. A friend of mine who 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 one of his dog's veins once when it was sick; his dog was cured in several hours.

Bill Denicolo sent a contract to my house in Las Vegas, Nevada, to where I had retired after working in gold mining. The contract was quite generous. I was to be paid a

reasonable salary, and I would have 20 per cent 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 aeroplane ticket in return. I was then 64 years old but in top condition, and I would have no trouble navigating in the jungle.

The country was Guyana, formerly known as British Guyana, just south of Venezuela on the east coast of South America. I arrived there on a normal day while it was raining. It was mid-1996. I was met by several local people who would be part of the mining operation, and they drove about 30 miles to Georgetown, Guyana's largest city which is also the capital. 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 rainforest and jungle.

At the house I met Mike, a local who owned the claims to a very large portion of the jungle, who would be one of the partners. Joel Kane, who lives in the eastern part of the USA, was also one of the partners listed on the contract I'd 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 (his real name was Satkumar Hemraj, but he preferred the name of Beta) and he was related to a high official in the government, Moses Nagamotoo, the First Minister directly under the Prime Minister, Sam Hinds.

Beta was not present, but because he was our partner I was invited to the First Minister's house for dinner the second evening that I was there. While I was at his house, he 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 Moses's daughter's neck; 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 have disappeared. I did not always have such spectacular results, but sometimes they did happen.

I was very glad that I had taken the time to learn to adjust necks. Making such a powerful friend as Moses Nagamotoo was important. I did not realise how important it was at the time, but no doubt it kept me from spending time in prison at a later date.

Into the Jungle

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 US$6.00 a day, but it 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 am and loaded our supplies onto several large speed-boats.

We finally arrived at our next destination, the town of Bartica, which is considered the gateway to the interior 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 would 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 varieties 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 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 just to 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, and slept wherever we could that night. I slept on a bench outside the small store there.

Considering all of the data that I had learned about stabilised oxygen, it seemed to me that knowing it killed pathogens in water it might cure malaria.

The next morning we loaded all of our supplies onto boats and continued up what was now the Cuyuni branch of the river.

Malaria Outbreaks

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 over very short distances. Considering all of the data that I had learned about stabilised oxygen, it seemed to me that, knowing it killed pathogens in water, 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 same time suffering with high fever. Their symptoms included headaches, aching muscles and joints, nausea,

diarrhoea and vomiting. They were willing to try anything, and they said so.

I gave them both a healthy dose of the stabilised 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." One hour later, their 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 sitting 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. By the next morning, two more men had come down with malaria. They took the same doses of stabilised oxygen and they were feeling okay by noon. We all were amazed. (This is not the whole story, and stabilised oxygen does not work all the time.)

I continued with the gold prospecting. I had developed a method of assaying for gold (that is, determining the amount of gold that is present) which is 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.

While doing this and further gold prospecting, I also did quite a bit of travelling in the jungle. Wherever I went, I treated people for malaria (and sometimes typhoid fever). Although the stabilised oxygen worked only about 70 per cent 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 had been shut down for vacation. There were a number of men there 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 stabilised oxygen, which I called merely 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 got better within hours after I left and that 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 are numerous good stories like that one, but unfortunately at that time there were a lot of people whom the stabilised oxygen 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 malaria preventive medicines, as side effects *always* develop after a time. Thus, the locals never take these medicines. They have to depend upon being cured by the standard malaria medicines after they contract malaria, and unfortunately the malaria parasite has developed a resistance to those medicines. Visitors can only afford to take malaria preventives for a short period. As it turned out, several of my associates were hospitalised as a result of taking the preventive medicines.

Back in Georgetown I telephoned a friend, Bob Tate, about the stabilised oxygen curing malaria. He immediately flew to Guyana. We discussed it and decided to see if we could sell the stabilised 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 talking 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 we would be put into 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'd suggested to the Minister of Health that she give me some latitude.

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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 stabilised oxygen sometimes cures malaria. However, it's only the beginning of my story. I did not consider stabilised oxygen a miracle supplement, yet.

Inadvertent Research and Testing

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 three per cent instead of the 20 per cent in the contract. When I did not agree, he had Mike, the owner of the land, and the droggers whom Mike had hired, tear down my working mill and carry it off into the jungle. According to the contract, if he did not use my technology he did not need to give me 20 per cent. 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 stabilised 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 stabilised oxygen only worked some 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 stabilised 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.

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 of an aeroplane to pick me up, they agreed instantly. In that part of the jungle, they do have 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 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 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 stabilised oxygen. I believed I had discovered a cure for malaria.

I arrived back in the USA in the last part of 1997 and moved to Walker Lake, Nevada, to where 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 stabilised oxygen that I had used in the jungle. 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.

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The magazine in which we'd advertised made a big mistake w our advertising and then refused to give us credit for the mista which cost us thousands. Eventually I ended up living on Social Security income. However, at times I did get to do assay or two, which helped.

With my son's help in furnishing me with a computer and usi the Internet, I began writing to various pen pals in Africa. Final I made friends with a man in Tanzania who took people on safa to Mount Kilimanjaro. His name was Moses Augustino. realised that he was mainly interested in making friends wi people in America because he hoped to come upon some kind an opportunity. Had I been in his shoes, I might have done t same thing. He soon asked me for $40. I realised that, to hi $40 was a lot of money, and actually at that time $40 was quite bit to me as well. But since I wanted him to try the stabilis oxygen on some malaria cases in Tanzania, sent him the forty dollars.

The $40 paid off, as Moses began to gi my solution, according to my instructions, malaria victims whom he knew in his are Soon people were getting well rapidly—bu again, not everyone. He had a doctor frien whom he told about the stabilised oxygen (that time we called it the Humble Healt Drink). I sent his doctor friend two bottle and I received an email back from the doct saying that he couldn't see how salty wate would help a malaria case. I emailed hi back and said, "Just try it and you will see. Well, the fact is, he did try it and he wa amazed. He began to treat all of hi malaria patients with the solution.

Investigating the Chemistry

Meanwhile, I was working to find ou what chemical the stabilised oxyge really was and how it was made. needed to find out why it wasn't 100 per-cent effective. I learned that D William F. Koch first started working with this solution back in 1926 i Germany. He used it in conjunctio with mentally retarded children, because he believed that the stabilised oxygen produced nontoxic oxygen identical to the oxygen produced by breathing. Dr Koch used his formula for the next 10 years, believing that it somehow increased oxygen to the brain of the retarded children.

The formula found its way to the United States around 1930. Over the years, 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.

Finding the formula for stabilised 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 (it's sodium chlorite, $NaClO_2$).

I did find one company that gave instructions for using stabilised oxygen. They said that after you put the drops into a glass of water, the stabilised oxygen becomes 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 could smell chlorine. I realised that if water did make the stabilised 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 stabilised oxygen to a glass of water, I decided to add a little vinegar because it's a food that contains acetic acid, which I knew would make the stabilised oxygen less alkaline than even water would. On this occasion I waited for more than 24 hours, 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 stabilised 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 realise it at first, but *the sticks were measuring chlorine dioxide*. 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 was, of course, as long as I also used the vinegar. The reason was that the chlorine was not going off into the air nearly as quickly.

I decided to add a little vinegar because it's a food that contains acetic acid, which I knew would make the stabilised oxygen less alkaline than even water would.

I transmitted this finding 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 the mixture 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 were 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'd 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.

Stabilised oxygen is stable because of its very high alkalinity. When a few drops are added to a glass of water, the alkalinity of the drops is neutralised 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? After trying all the mineral acids and various organic acids, I found that vinegar, which is five per cent acetic acid, which is an organic acid, worked the best.

Then I made a mini-breakthrough, which was simple. Instead of using a glass of water, I used no water at all. I just put 20 drops of stabilised oxygen and three teaspoons of vinegar into 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 in only three minutes, and when I added two glasses of water this diluted the mixture out to less than 1 ppm—but the taste was terrible.

The stabilised 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. 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.

The Miracle Mineral Supplement

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 investigation of stabilised oxygen.

I began making the solution much stronger than the stabilised oxygen than is sold on the market. For many years, stabilised oxygen was 3.5 per cent sodium chlorite. At this time my solution, which I have named the Miracle Mineral Supplement (MMS), was 28 per cent sodium chlorite. That's eight times stronger than regular stabilised oxygen. When I am making trips into the jungle, it means I can carry eight times as much "healing power" as the original stabilised oxygen formula.

Let me explain what has happened. The researchers over the past 80 years have done their tests using from five to 20 drops, at the most, of the 3.5 per cent 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 stabilised 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 four times as good? The only precaution that I took was that I always tried the heavier doses on myself first.

Generally I was dealing with people who wanted to get well, and they agreed to try the solution after I had tested it. I didn't go from 10 drops of stabilised 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.

This 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 were reported in the bunch. Normally, over 300 deaths could be expected. When I say "cured", I'm referring to the fact that these people 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 had Food and Drug Administration approval. Usually, FDA approval costs millions, but those people in Africa who went back to work feeling good didn't care if we had FDA approval or not. When I phoned the FDA, they told me that if I was using the formula 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", they said that the formula then becomes a drug, for which you must have all of the countless tests and laboratory evaluations prior to approval. That's anywhere from 50 million dollars upwards.

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 at least 80 years, then that is a different story. You must be a doctor, you must do clinical trials, and you must have 100 million dollars for double-blind tests and triple-blind tests and meet dozens of other requirements. No one offers to furnish the money; they just tell you what you are required to do. Their attitude is: "How dare you try to treat someone for a disease! That's for doctors and pharmaceutical companies only."

The American Society of Analytical Chemists stated in 1999 that chlorine dioxide is the most powerful pathogen killer known to man.

We know that the MMS (28 per cent sodium chlorite) generates chlorine dioxide (that's ClO_2) when mixed with vinegar. The reason why is because the acetic acid in the vinegar causes the solution to be neutralised or, better than that, causes it to become slightly acidic. The MMS solution is normally extremely alkaline. When it is made acidic 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 three milligrams (3 mg) of chlorine dioxide in approximately three minutes. When apple juice (or other juice without vitamin C) is added, 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.

Chlorine and chlorine dioxide have many antiseptic uses; for more than 100 years they have been used to purify water and kill pathogens in hospitals. Lately, chlorine dioxide has been used more and more frequently, especially to purify water. It is authorised by the FDA for cleaning 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 is the most powerful pathogen killer known to man.

There is no excuse why more research has not been conducted into a solution that has been used for 100 years to kill disease-causing germs. The pharmaceutical companies not only haver done the research, but they've actually refused to test the stabilise oxygen many times.

Closing Remarks

The Miracle Mineral Supplement solution is available for you t purchase immediately. If you don't want the hassle and you woul like to try my exact formula, you can order it from my friend i Canada, Kenneth Richards, or from other people in the US wh are manufacturing it. At this time, they all charge about the sam price. Most are putting it into a four-ounce-sized bottle (it actuall contains 5.5 ounces) for only US$20 plus shipping, which is minimal cost. So far they have kept the price down. I wan everyone to be able to afford MMS without spending a lot o money. There are 650 six-drop doses in this bottle, which shoul last you up to two years. That's far more solution than what' available from anyone else who is selling the weak solution o stabilised oxygen. So, make it yourself or buy it. Just get it int as many hands as possible.

For information about obtaining MMS, go to the website http://www.health4allinfo.ca and http://www.miraclemineral.org.

I have no personal interest in my friend's business, but Kenneth has agreed to donate $1.00 per bottle t the operation that is distributing th MMS to Africa, so you will be helping the project in Africa with you purchase.

If you want to communicate for some reason, my email address is jim@jimhumble.com. However, only emails with "Stories of Success" typed into the subject area will get past the server's spam filter. All emails that pass the spam filter will be read. ∞

About the Author:

Jim V. Humble started his career in the aerospace industry where he quickly became a research engineer. He worked on the first intercontinental missile and the Moon vehicle, wrote instruction manuals for the first vacuum tube computers, set up experiments for A-bomb explosions and in electricity generation by magnetohydrodynamics, worked on secret radio-control electronics, complete-wired the first machine to be controlled by computers at the Hughes Aircraft Company and invented the original automatic garage-door opener.

In the mining field, Jim has written four books, updated older technology and discovered how to overcome the health hazards of mercury and, indeed, eliminate it from mining. His technology includes methods of preventing chemical leaching and recovering gold using using nothing but water.

Jim's immediate goal is to return to Africa, where he has also conducted trials, to eliminate all of the malaria in a single nation in order to prove to the world that it is possible.

Editor's Note:

Jim Humble has written a book, *Breakthrough: The Miracle Mineral Supplement of the 21st Century – Parts I and II*, available from his website http://www.miraclemineral.org (Part I, 2nd edition, can be downloaded as a PDF for free). We recommend that readers visit this website, obtain a copy and become familiar with the additional information that Jim provides about chlorine dioxide as well as the use of his Miracle Mineral Supplement and his treatment protocols.