

USING CHLORINE DIOXIDE INJECTABLE (CDI) IN INTRAMUSCULAR INJECTIONS FOR HARD TO TREAT ILLNESS AND DISEASE

Abbreviations:

CDI means chlorine dioxide injectable

CDS means chlorine dioxide solution

CD means Sodium Chlorite activated with Hydrochloric Acid

Intramuscular (IM) injection is one of many routes for administering medications, including antibiotics, vaccines, hormonal therapies, and corticosteroids. It's a favorite route for some to administer Chlorine Dioxide Injectable Solution.

Even when alternate routes of administration are available, IM injections may be preferred when a patient cannot tolerate oral CD/CDS therapy. IM injections also may be beneficial for absorption compared with other routes of administration (i.e. faster than subcutaneous injection and slower than intravenous administration).

In addition IM is preferable because CDI usage rates may irritate subcutaneous tissue but not muscle tissue. Muscle tissue also can tolerate larger fluid volumes with minimal discomfort.

Large-volume injections (3 mL or greater), however, are not frequently administered, and many people may not be familiar with their appropriate use, possible healing reactions, and potential efficacy.



Please note that: 5 mL has been cited for adults as the maximum volume for a single IM injection, with lower maximums proposed for adult with less-developed or small muscle mass. You can inject 3ml - 5ml in the dorsolateral or ventrogluteal injection sites and rotate.

Yes, it's best to use IM injection sites on a rotating basis.

CDI IM Injections can be paired with any other CDS or MMS Protocols whether Oral or Topical. The important thing is to get as much CDS into your body, so that Chlorine Dioxide can help the body to do its healing.

Your diet is just as important as when you do oral protocols. You will NEED to avoid consuming foods and food supplements that are high in antioxidants, within 2 hours of your IM injection or your oral or topical protocol.

DO NOT TAKE VITAMIN C EITHER ORAL OR VIA, IV WHEN USING CDI/CDS/MMS PROTOCOLS.

Vitamin C is a powerful antioxidant and will completely neutralize your CDI and CDS doses, and you'll get no benefit.

**Your doctor may be interested in this
Chlorine Dioxide Patent info**

**FDA Patent: US20190015445A1
United States**



Injection containing Chlorine Dioxide and method for making same

FDA Patent for Using CDI Injections:

[US20190015445A1 - Injection containing chlorine dioxide and method for making same](#)

The chlorine dioxide injection has a high pharmacological effect and a low toxic or side effect, enabling ablation of tumors and promotion of in-situ tissue regeneration. Particularly, the chlorine dioxide injection stimulates an immune response through the ablation of nearby target tumors, causing the immune system to inhibit or eliminate distal tumors or metastatic tumors.

Unlike Chemo or radiation, Chlorine Dioxide (CLO₂) rips apart and effectively kills cancer stem cells. All those daughter cells that migrate away from tumors during chemo, are no match for CLO₂.

An IM injection containing CDI, is composed of chlorine dioxide and an additive suitable for injections, and a concentration of chlorine dioxide in the injection when used is **3-25 mg/ml**.

The chosen additive is **DMSO**.

Add DMSO. Add enough DMSO and Mix well inside the syringe. You should have about 3ml – 5ml of solution in the syringe depending on the dose you want to give from 3ml -5ml injection.

The DMSO is a solvent and will help transport the CDI deep into muscles, ligaments, tumor, or even bones. This way any deep, hidden tumors or metastasis, will be reached. This will allow CDI to get to the hard to reach problem areas in the body.

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Note the FDA Patent for using CDI Injection calls for a solvent. DMSO is a great solvent as it also helps with eliminating any pain the illness caused.

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SUPPLIES: (All available online and at authorized CD/CDS kit suppliers)

3cc or 5cc needleless syringes

Filter needles

22 Gauge 1 in and 1.5 in sterile needles

CDI or CDS

Sodium Chlorite ([Supplier # 1](#), [Supplier #2](#))

DMSO

Sodium or Magnesium Bicarbonate (optional)

Normal Saline 0.9% 250cc or 500cc bottles

Alcohol pads

Toxin binders. (Zeolite or Chlorella/Cilantro works)

2x2 gauzes optional

Band-Aids

Sharps Disposal Container

PREPARATION INSTRUCTIONS:
Make sure you have your pre-made CDI or CDS



If you do not have CDI and are using CDS please add 0.9 gram of pure Kosher Salt or Celtic Salt to every 100ml of concentrated CDS solution. Use non caking salt.

It's difficult or impossible for some to find saline solution. You don't need to worry too much about sterilization since concentrated CDS is always 100% sterile by definition.

REMINDER: Please check the patient's vital signs before preparing to do IV infusion. Is the blood pressure normal? Is there normal heart rate, temperature, and respiration?

****The person being treated should take toxin binders before the injection. This will help to bind toxins and lower the event of a terrible detox reaction.****

1. Attach filter needle to syringe: Chose syringe size based on dose of injection to be given
2. For 3ml injection pull up 1 ml CDI into syringe. Using a filter needle filters out pyrogenic substances (such as dust and airborne particles) that could cause fever and other irritations of the body.
3. Then Pull up 1.5 ml Saline and mix gently for 10 seconds
4. Then pull up 0.5ml DMSO (optional) but recommended as it will penetrate distal tissues and bones, to allow the CD to get in, for maximum healing.



Reason for adding DMSO: The DMSO is a solvent that will transport the CDS deep into muscles, ligaments, tumor, or even bones. This way any deep, hidden tumors or metastasis, will be reached.

5. Discard the filter needles in a sharps container.
6. Use the longest needle possible for the size muscle, and make sure to go deep into the muscle, as if you inject in fat this will sting badly and get a lump as CDI dissolves slowly in fatty tissue.
7. Attach the administration 22 gauge 1 in or 1.5 in sterile needle to the syringe. Make sure you let the air escape from the syringe, until you see only liquid come from the needle. **Basically, prime the needle.**
8. Prepare injection site (Always Gluteal for such a big injection.) Can use other IM sites for smaller usage rates.
9. Insert the needle into muscle and gently aspirate. If you see blood **DO NOT** continue. You do not ever want to inject directly into a blood vessel. Withdraw needle and find another spot. **Repeat**, if all clear, inject the entire contents of syringe into muscle slowly.
- 10. Alternate IM sites each time to allow any injection site tenderness to wear off.**

Check the potency of the IV fluids after you add the CDI. 50-100ppm.

Optimal pH is 7.3.



If the pH is too low, we can increase pH with a couple drops of the Sodium Chlorite that has a 13 pH, very alkaline. When utilizing the saline 0.9% solution, this isn't an issue because of the higher dissolution. However, it doesn't hurt to add the Sodium Chloride to increase the pH to at least 7.3.

NOTE:

You can let the CDI solution sit for a few minutes in the syringe, covered and protected from light. The longer the syringe with the solution sits, but for no more than 5 minutes, the less the injection stings.

Use the longest needle possible for the size muscle and make sure to go deep into the muscle as if you inject in fat this will sting badly.

Decide where you will inject...large muscle **NEVER directly inject into the tumor**, as this may cause tumor lysis. Tumor lysis syndrome is an onco-metabolic emergency resulting from rapid cancer cell death.

Tumor lysis syndrome is a group of metabolic abnormalities that can occur as a complication during the treatment of cancer, where large amounts of tumor cells are killed off at the same time by the treatment, releasing their contents into the bloodstream.

This occurs most commonly after the treatment of lymphomas and leukemias. In oncology and hematology, this is a potentially fatal complication. This can cause sepsis. So please avoid the temptation to inject into the tumors.



Ladies, please do not inject CDI into your breast cancer tumors.

You want to avoid Tumor Lysis Syndrome:

<https://youtu.be/BV5cQV0blf8>

NEVER inject CDI directly into the tumor while treating at home, as you may end up with a life threatening emergency. Only doctors should directly inject into tumors. With doctors not experienced in using CDI for a long time, they too should avoid injecting CDI into tumors.

You always alternate your injection site. You chose your injection site based on how much you will be injecting.

No more than 2 ml in the deltoid. You can inject larger amounts directly into the larger gluteal muscle. **You should rotate injection sites.**

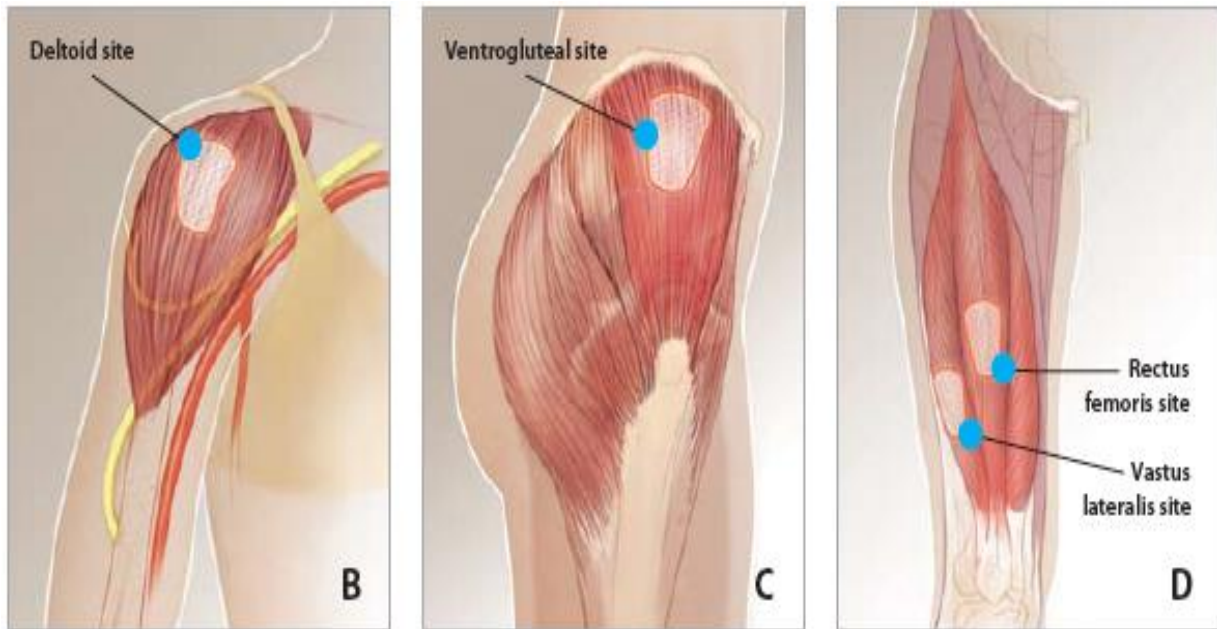
Best IM Injection Sites for CDI

TABLE 1. Advantages and disadvantages of intramuscular injection sites

Injection site	Maximum Injection Volume in Adult Patients	Advantages	Disadvantages
Deltoid	0.5-2 mL ^{2,74,16}	<ul style="list-style-type: none"> • Easily accessible • Patient only exposes arm 	Number and volume of injections are limited because of small injection-site area
Dorsogluteal	4 mL ^{2,12}		<ul style="list-style-type: none"> • Major nerve and blood vessels present • Slow absorption • Thick layer of adipose tissue
Ventrogluteal	2.5-5 mL ^{2,12,13,16}	<ul style="list-style-type: none"> • Free of nerves and blood vessels • Narrower layer of fat of consistent thinness compared with dorsogluteal 	
Rectus femoris	5 mL ²	<ul style="list-style-type: none"> • Can be used when other sites are contraindicated • Patients can self-inject 	Discomfort with injection
Vastus lateralis	5 mL ²	<ul style="list-style-type: none"> • Easily accessible • No major blood vessels or nerve structures 	



If you are giving more than 2ml, the Gluteal site is the best. (The sites in the leg can be more than a little painful.)



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FIGURE 1B, C, D. Potential sites for intramuscular injection: Deltoid, ventrogluteal, rectus femoris, and vastus lateralis sites

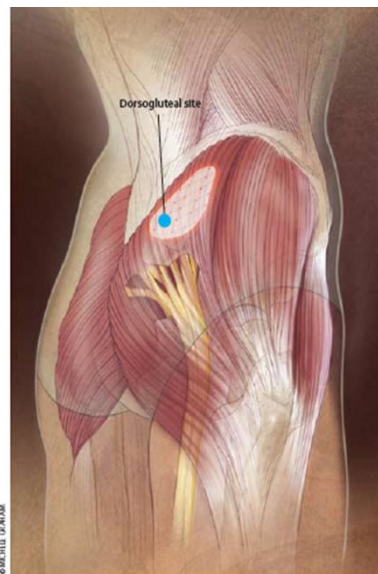


FIGURE 1A. Potential sites for intramuscular injection: Dorsogluteal site



TABLE. Evidence-based guidelines for IM injections

Guideline	RECOMMENDATION	
	Technique	Preferred injection site ^a
ACIP MMRV ¹¹	<ul style="list-style-type: none"> Administer at a 90° angle to the skin Needle size and injection site based on muscle size, thickness of adipose tissue at injection site, volume of material to be administered, injection technique, and depth below muscle surface into which the material is injected Aspiration not required before injection of vaccines or toxoids 	Anterolateral aspect of the thigh or deltoid muscle of the upper arm (depending on patient's age)
Cheshire Ireland ¹⁰	<ul style="list-style-type: none"> Use Z-track technique (pull skin with nondominant hand) Insert the needle with dominant hand swiftly and firmly at 90° to the skin, leaving about 1 cm of the needle exposed Withdraw syringe plunger; if no blood is observed, depress plunger steadily until syringe is empty Wait 10 seconds before withdrawing needle smoothly and quickly Release skin Apply pressure to any bleeding point 	<ul style="list-style-type: none"> Gluteus maximus and the lateral aspects of the vastus lateralis When the gluteal muscles are used, injections should be made on upper, outer quadrant of the buttock to avoid damaging sciatic nerve Smaller injections (eg, vaccinations) usually given in deltoid area
Cambridge and Peterborough NHS ¹²	<ul style="list-style-type: none"> Z-track technique (use ulnar side of nondominant hand to pull skin on injection site downwards or to one side) Hold needle at 90° and insert quickly, penetrating the muscle and leaving approximately one-third of needle exposed Pull back plunger and observe for blood. If blood is present, discontinue procedure and use opposite site. If no blood is present, inject drug slowly and continuously Withdraw needle after several seconds and release skin 	<ul style="list-style-type: none"> Dorsogluteal Ventrogluteal (up to 2.5 mL)^b

^aMaximum recommended volumes for injection are listed, if available.
^bSome nursing texts allow a maximum of 5 mL.

Key: ACIP, Advisory Committee on Immunization Practices; MMRV, measles-mumps-rubella-varicella vaccine; NHS, National Health Service.

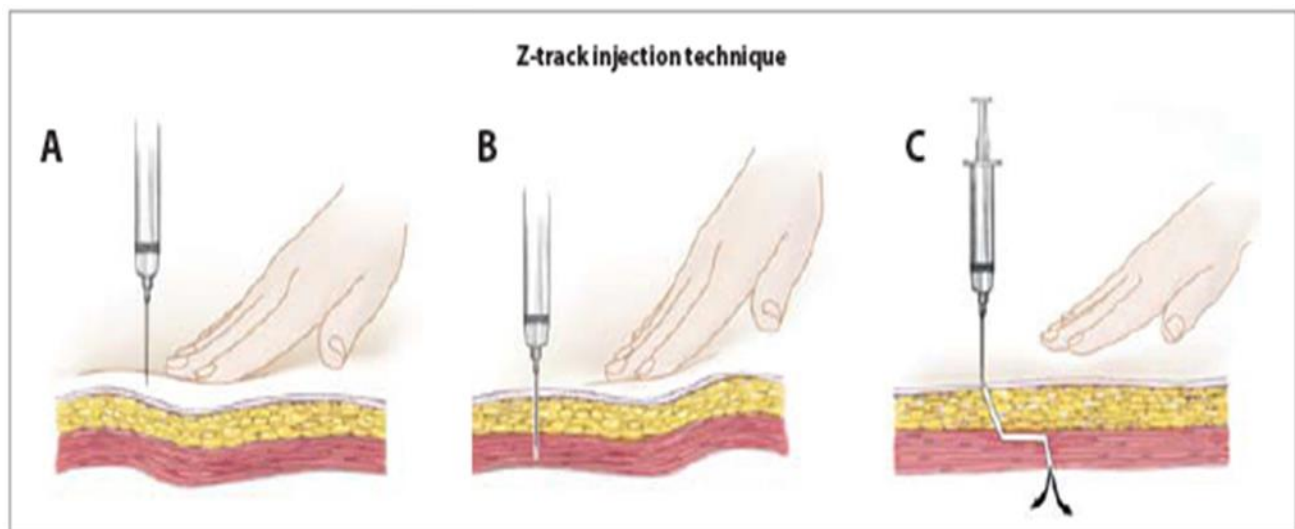


FIGURE 2. Z-track injection technique prevents leakage into subcutaneous tissue and decreases the chance of local irritation. (A) Pull or push the skin 2 to 3 cm away from the injection site with the nondominant hand. (B) Pierce the skin at 90° and depress the plunger slowly. If resistance occurs, pause then resume depressing the plunger. (C) Withdraw the needle, then release the skin.



Best Practises for Administering Im Injections

- Administer injections at a slow rate (approximately 2 min per injection), warming solution first helps reduce viscosity
- Apply warm or cold compresses to minimize pain
- Have patient stand or position patient on his or her side to promote muscle relaxation
- Use simultaneous technique when administering two injections (ie, two nurses administer an injection into one buttock each simultaneously)
- Use a large-gauge needle
- Use manual pressure prior to needle insertion to stimulate nerve endings and reduce sensory input during injection
- Use Z-track technique to reduce pain and prevent dispersion of medication into subcutaneous tissue
- Vigilance for factors that may increase the risk of bruising or bleeding (eg, thrombocytopenia or anticoagulant use)

The ventrogluteal region (targeting the gluteus medius) and the vastus lateralis region are free of major nerves and blood vessels. The safety of the ventrogluteal region as an area for administering IM injections is established and the area is identified as a preferred site within clinical practice guidelines.

The ventrogluteal site is identifiable by a prominent and easily palpable bony landmark; however, it is a small area, which may be an issue in the setting of repeated injections.

Inexperience with injection techniques and inaccurate land marking can result in injection-site pain or injury. Sciatic nerve pain can occur, though rarely, if a dorsogluteal injection is given too low.

This risk can be attenuated by selecting the upper and outer quadrant of the buttock. Both the sciatic nerve and the superior gluteal artery are



only a few centimeters from this site so care should be taken to landmark the injection accurately.

Other injection-related side effects are granuloma; intravascular injection; muscle fibrosis and contracture; tissue necrosis; hematoma; abscess; cellulitis; and injury to blood vessels, bone, and peripheral nerves.

Frequency of IM Injection:

It is suggested that twice daily injections every 12 hours are utilized, if ONLY injections are used for therapy. Otherwise once daily, am or pm injection is OK when combined with oral or topical protocols CDS or MMS oral or topical protocols.

You can choose your preferred frequency of administration based on level of illness, personal preference or convenience.

Hydration is Key. Hydrate, hydrate, hydrate.

Mind your electrolytes...You may want to add Sole to drinking water. ½ teaspoonful to 1 liter of drinking water daily is appropriate.

Remember to Alternate/Rotate Injection Site.

Remember to alternate injection site. You can inject
3cc – 5cc of this CDI solution 2x per day.

VIDEO: Intramuscular Injection in Deltoid Muscle:

<https://youtu.be/DBHnd3N-5Ns>

Intramuscular Injection: https://youtu.be/A-EY_4P67Hs



Duration of CDI Therapy

If you are treating cancer or some other difficult disease, aim for a 21 days Protocol. After the 21 days and you see healing, you can go to daily maintenance usage. You can alternate the IM injection with the Oral and topical protocol during maintenance.

You want to keep up with maintenance. You chose your maintenance usage rate based on your age. Using CDS or MMS for maintenance will kill off any remaining Cancer Stem Cells circulating in the blood or taking up residence in other organs. You want them gone so they cannot cause metastasis.

Aim for a 21 days Protocol. After the 21 days and you see healing, you can go to daily maintenance usage. You can alternate the IM injection with the Oral protocol during maintenance. **You want to keep on maintenance.**

You chose your maintenance usage rate based on your age. Using CDS/MMS oral protocol for maintenance will kill off any remaining **Cancer Stem Cells** circulating in the blood or taking up residence in other organs. You want them gone so they cannot cause metastasis.

Check the potency of the IV fluids after you add the CDI. 50-100ppm.

Optimal pH is 7.3.

If the pH is too low, we can increase pH with a couple drops of the Sodium Chlorite that has a 13 pH, very alkaline. When utilizing the saline 0.9% solution, this isn't an issue because of the higher dissolution. However, it doesn't hurt to add the Sodium Chloride to increase the pH to at least 7.3.



Do not make the patient sick. Reduce the dose if the patient experiences chills, or headaches, or nausea, or diarrhea.

Follow the 3 Golden Rules for CDI. Do not stop, just drop back in the dose, the number of mls of CDI being used until the patient can tolerate the treatment without healing reactions.

Use the toxin binders.

Continue increasing CDI dose each day as tolerated until you have reached 5ml of CDI injection. Continue at this level until the patient reports feeling well or cured.

A matter of Alkalinity: You can add Sodium or Magnesium Bicarbonate to your regimen 30 minutes before and after your CDI injection, to keep your blood in an alkaline state. Just follow the instructions on the Bicarbonate package.

Try to get your CBC labs to check your Hemoglobin and Hematocrit

NOTE: If the patient cannot swallow or tolerate the Protocol 3000, that's when you will consider using the **IM Protocol**.

The CDI IV Protocol works well for patients who need to buy time. Given ONE week to live? You May want to try CDI IV Protocol.

You can use CDI even if you are using Chemotherapy and Radiation.



Questions People Ask:

What about my “good” gut bacteria?

If CD/MMS kills all bacteria, then it must also attack my good intestinal bacteria. This is the most common objection against an oral intake of CDS. The condensed experience reports show, however, that CDS/MMS does not harm the good intestinal flora even with a longer continuous intake.

We have no scientifically proven explanations for this, but we do have plausible and logical explanatory models.

Chlorine dioxide is an oxidizer. Hydrogen peroxide and ozone are very powerful oxidizers and can destroy body cells as well as good bacteria. The next weaker oxidizer is oxygen.

Our body cells and our good intestinal bacteria (**1.45 volts**) are able to hold on to their electrons in the face of the strong oxidizer oxygen. Otherwise, every breath we take would kill many thousands of cells in our body.

Chlorine dioxide is a much weaker oxidizer. So, if the cells can successfully defend their electrons against a strong oxidizer, they can do so even more so against the weaker chlorine dioxide (**0.95 volts**).

This force to hold electrons is also called redox potential. Interestingly, most pathogenic germs (by the way, pathogenic germs are most often anaerobic and do not use oxygen) have a lower redox potential than chlorine dioxide and are therefore attacked first by the CDI/CDS/MMS.

In the CDI/CDS/MMS application protocols, usually only concentrations are recommended at which the good intestinal flora is maintained.



Conclusion: Chlorine dioxide does not attack body cells or the “good” bacteria! It interacts with pathogens and toxins within the body but not the body itself.

ADD CELLFOOD FOR ELECTROLYTE BALANCE

CELLFOOD is great for sick patients, especially cancer patients or other patients diagnosed terminally ill, as it is a proprietary ionic formula that contains **78 ionic minerals, 34 enzymes, 17 amino acids, electrolytes and dissolved oxygen**— and utilizes a unique water-splitting technology. (Amazon is another source)

*****Use Cellfood 2 hours before CDS/MMS daily protocol, and 2 hours AFTER daily CDS Protocol, and at bedtime, because it is antioxidant.**

Reason for adding DMSO: The DMSO is a solvent that will transport the CDS deep into muscles, ligaments, tumor, or even bones. This way any deep, hidden tumors or metastasis, will be reached.

Note the FDA Patent for using CD Injection calls for a solvent.

DMSO is a great solvent, as it also helps with eliminating any pain the illness caused.



LifeOne



If I have Cancer I'd GET LifeOne!!

<https://lifeonesales.com>

(Not affiliated, just sharing good info.)

LifeOne is a Stage 4 Cancer Treatment.

Meaning it's great for all stages of cancer. It is a natural immune system support developed and produced in the USA, specially formulated and scientifically proven to boost the body's natural immune system.

Clinical trials have shown that LifeOne provides the necessary nutritional supplementation to resupply a depleted immune system, boosting it to levels where it can help to effectively tackle even major health issues.

Most people respond favorably to treatment with LifeOne within a week and usually experience decreased pain, increased energy, and a



general feeling of increased vigor. My daughter surely did when she was treating Cervical/Uterine cancer.

LifeOne contains nine scientifically proven, clinically tested natural ingredients, which make it one of the most powerful immune system protocols on the market today.

LifeOne Therapy Protocol

- All patients using LifeOne should try to eliminate sugar and simple carbohydrates from their diet
- All patients using LifeOne should try to exercise, if able.
- All patients using LifeOne must drink large amounts of clean water – 1 fluid oz per 2 pounds of body weight.
- **Dosage for all patients using LifeOne** should be the same: 1 fluid oz/30 ml three times daily for the first month, then ½ fluid oz/15 ml three times daily for the remainder of the treatment.

It's recommended that very ill patients take a high quality multi vitamin and mineral supplement twice daily, along with 6 grams of vitamin D3, divided into two doses, taken separately from the multivitamin and mineral supplement.

LifeOne can often cause changes in specific cancer test outcomes. So, your doctor may take credit for improvements in your labs or imaging studies. 😊 😊



VIDEO TUTORIALS:

Intra-Muscular Injection Administration:

VIDEOS:

Intramuscular Injection in Deltoid Muscle:

<https://youtu.be/DBHnd3N-5Ns>

Intramuscular Injection I Glutes:

https://youtu.be/A-EY_4P67Hs

Disclaimer

This information is provided for educational purposes ONLY. It is NOT medical advice and should NOT replace your doctor's medical instructions.

The use of CDI is still experimental, even though the FDA has thousands of patents for the use of Chlorine Dioxide, in treating diseases in humans.

You use this CDI IM Injection Protocol at your own risk.

You should tell your doctor that you are using CDI as it cleans the blood and makes it appear thin, and they may have already prescribed blood thinning medications, that may need dose adjustments...

However, telling your doctor may mean that they'll probably fire you from their practice, or refuse to monitor your labs. So, this is something you need to think about and decide carefully.



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