

## High-Level Summary

**EDOC: DMSO is the best thing; most versatile drug that I have used in 3 decades plus, wish I was using it 15 years ago. It can literally do anything, treat, cure any disease.....at least for me.....**

**Have used DMSO with great success to treat diseases from Colds, COPD, Emphysema, Acute Asthma, Lupus, Scleroderma, Mixed CTD, Guillian Barre, Strokes, Cancers, Viral (like Swine Flu, Hepatitis, Herpes), Renal Failure, Cardiac, Seizures, Encephlaopathies, Diabetes, Lymes, MS, Adrenal Fatigue, list can go on.....**

**By 0.8 grams, I mean approx 0.8 mL/kg, suppose if you weigh 70 kg, you would require 56 mL. 5 cc of DMSO .....I recommend min of 25 mL, and my usual dose is 50 mL of DMSO per IV.**

### **Cancers!**

I have been and still use IV CsCl + DMSO with success, to treat all types of brain tumors.

Treated 3 new patients successfully using IV CsCl and IV DMSO.

Suffering from Cerebral tumor (Brain stem), AML and Human Papilloma Virus positive Squamous cell Cervical cancer, Stage 1.

Since both these modalities are giving great results have no intention of switching to others..

What should I tell you, how we tackle/avoid die off....since we never face it, treating thousands of Cancer patients of all types and stages.

Same for chronic infectious diseases, maybe our protocol is too good.

I keep things simple, you guys keep coming up with new products, but results are poor. An advanced cancer patient can't wait for years...the max duration of our treatment, for ANY advanced Cancer, is not more than approx 6-8 months.

What's most advanced that one can imagine, treating Glioblastoma Multiforme, Ca Breast Stage 4, Brain stem Glioma, Cancer of the Ovaries stage 4 and the list goes on....

Never, till now faced a die off...

### **Question on Bladder Cancer**

Cesium carbonate cannot give the results that we get from Cesium Chloride.

I know it was being used 50 plus years back but results aren't similar.

Squirting in the bladder without DMSO won't help.

For a cure use infusion containing CsCl and DMSO.

### **eDOC - July 2017 - answering my question on dosage for detox**

1. 50 mL should be fine for you once weekly, and I agree to work it up in the 80s range (since you would be taking it only on a weekly basis), correct it would create quite bit of unusual/uncomfortable smell for people around.
2. Though I weigh far less than you, **but I recall taking 125 mL back in Dec 2012.**

3. I'd recommend taking it orally, after the DMSO infusion, 2/3 grams daily for 3 consecutive days only, should be good enough.

*By 0.8 grams, I mean approx 0.8 mL/kg, suppose if you weigh 70 kg, you would require 56 mL.*

*5 cc of DMSO .....I recommend min of 25 mL, and my usual dose is 50 mL of DMSO per IV.*

**In one specific case, that I did in the last 2 years, the person was cleared of phthalates in a single session, ( but I feel that might have been a fluke). The dosage of DMSO in that single infusion was 95 mL.**

So basically what I'm trying to say 5 mL, is fine to take the feel, but for a a full detox of phthalates, larger regular dose are needed.

It's been a while so I prepared a cocktail infusion (today after my reply), 40 grams of VC and 25 mL of DMSO in 10 mins, pH 7.3, white, none yellowish tint and completed that in 25 mins, 15 mins later 4 grams of Glutathione push. I felt the garlic smell, in breath within a min of starting the IV.....

On myself, I complete the cocktail or DMSO only, infusion in max 25 mins.....

Sterile, Normal Saline or Ringer's all are fine, have tried on all 3.

In my personal opinion, DMSO is the Universal antioxidant and detox far superior to ALA.  
EDOC!!

## **Clarification of Protocol for Detox**

1. Correct....infusions, intravenous/IV.
2. Dosage, number of infusions, and days for oral differ for each person that have treated or treat. There is no hard and fast rule, it's flexible.
3. For example, could be somewhere between 0.4-0.8 grams/kg, daily or every 2nd/3rd day.
4. The protocol, I normally follow is 0.8 grams/kg, daily.
5. The number of IV sessions and dosages can be titrated (IF required) it all depends on clinical improvement, but again my practice over the years is to infuse at least 7-10, 50 grams IVs. No harm, even if one takes an extra IV, or takes oral for a longer duration.
6. You know I deal, with people with serious, chronic illnesses; the most [days?] ever I have infused was probably 15 in a row, if I recall.
7. I don't think that you would require any supplements, since you already must be taking the needed ones, but I'd recommend, adding Silymarin, Glutathione, Selenium, and Pantothenic acid.
8. Occasionally, I infuse myself with a cocktail, containing 70 grams, along with CsCl, VC, followed by Glutathione, helps me perk up....
9. I would recommend taking the IVs, followed by oral, and then carry out the labs to see where you stand. With my experience of using it, I can make out how the person is responding after 2-5 IVs, and mostly the labs correlate.
10. I don't think you would get many results on Google (re dttox), since I started using it for detoxing phthalates, some 2 years back....
11. And yes, for a successful outcome, the persons that I have treated are both clinically well and totally off prescriptive drugs. (BTW, I have never prescribed Steroids and Statins in my

entire medical career.)

I tried my best to answer all questions posted and queries that might be bothering you.

Anyhow, let me try to answer in-depth, to the best of my abilities.

- Correct...I have experienced DMSO to be a great and probably one of the best detox agents.

- I do have some idea about your med issues, like adrenal fatigue etc, but not in depth neither would want you to post here.

- I am skeptical and may have some negative comments about the link you posted and Dr. Roger's thoughts, ideas posted in her book that you have read. Personally, I have never heard of her.

Now let me try to elaborate.....

1. I was approached by a lady suffering from Lupus (SLE), an acquaintance of one I treated some 3 years back. She was suffering from Nephrotic Syndrome and was tested positive for phthalates and heavy metals. This particular lady, had symptoms of Adrenal fatigue too. The Lupus literate doc, wanted her on steroids, which she didn't take and opted to go with my protocol.

2. **After receiving 10 DMSO infusions on a daily basis flew back, and took it orally daily, for another 1 months, at the end of that period her ACR dropped to 17mg/g, and is free of both phthalates and heavy metals.** (*Unable to post her labs, since didn't get her consent.*) This should sum up how efficient DMSO is as to detoxing, both phthalates and heavy metals.

3. I have occasionally been suggesting trying DMSO along with various supplements, in one of my previous posts for your Adrenals.

4. Now coming to why I am skeptical.....I don't disagree that this lady, the cancer sufferer is getting well, but I have a feeling, could be wrong.

5. Firstly I feel that the company manufacturing these (infrared) saunas is using her for their marketing, secondly Roger's due to personal or professional reasons didn't mention DMSO.

6. I have witnessed DMSO to detox phthalates etc, one doesn't require a sauna for that, and I would disagree with Roger's idea to get an infra red sauna, to me it's a gimmick, unless the agent/supplements she recommends aren't as potent as DMSO.

7. Sauna doesn't make sense in removing phthalates etc, well no harm if one wants to waste money, like a friend here in Orl, spent a few K\$ to detox for heavy metals and miserably failed, now is just sitting in her garage, cause was using incorrect detox agents.

Hope that helps and answered your queries.

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**IV DMSO increases ACTH production plus enhanced Adrenal perfusion net result increases Cortisol...rest shall come in my book.**

Notes on oral dosage. 10 drops of pure i.e 99.9% DMSO in PT is fine. Increase to 15-20 drops OR 10 drops twice a day in V8 tomato.....

Bottom line the more you take better for you, it's a harmless but a miraculous drug.

I take 15 mL once or twice a day. Occasional 120 mL IVs.

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Owen,

I'm no DMSO expert just a rookie, that said I started using it clinically some years back. The downside I faced was some patients complaining stinging with topical, taste issues with oral. Since the last 3 years use it only as infusions or to nebulize. I have found it to be the best gift of nature along with Cesium Chloride.

Well coming to the topic of its use in Stroke sufferers it's correct that ideally should be infused as soon after being diagnosed, within 1- 4 hrs to prevent complications. But that is an ideal scenario, have treated Stroke patients with its infusions and IV pushes up to 3-7 days after and still was able to prevent complications like hemiplegias.

The dilutions that I make for such situations vary according to the med variables and clinical situation. Not 25, or 40%.....

**Have used DMSO with great success to treat diseases from Colds, COPD, Emphysema, Acute Asthma, Lupus, Scleroderma, Mixed CTD, Guillian Barre, Strokes, Cancers, Viral (like Swine Flu, Hepatitis, Herpes), Renal Failure, Cardiac, Seizures, Encephalopathies, Diabetes, Lymes, MS, Adrenal Fatigue, list can go on.....**

It's one of my main line drugs to treat any disease (along with CsCl infusions..... let's see what I think of stem cell), and I feel should be available in ER and ICUs of all hospitals, since it's a life saving drug according to me.

**I feel it can treat and cure many diseases if not all.**

Can any one name a drug that can bring a person out of grade 4 enceph in hrs or control seizures in mins, plus with none side effects.....I don't think so.

## **Discussion of new mechanism of IV/C against cancer**

Though I don't use IV/C any more to treat Cancers or any serious diseases.

Can VC bring a person out of of grade 4 enceph in hrs...Never.

If VC can do all what said, why can't it cure Adrenal insufficiency?

These are mainly the reasons that disappointed me and made me resort to effective treatment modalities that work in more than 80% of cases.

Again VC works for minor issues mostly and for major hardly.

1. In Health (with prophylaxis in mind): VC in a dose btw 4-16 grams/day is more than ample. Taking extra won't, doesn't help, mere waste might get a placebo effect.
2. For Advanced Cancers, Chronic infections and other Ch. Diseases: Rarely require VC (when I do) never in a dose more than 16 grams/day (not megadoses) to treat, cure them.

It is not possible to CURE advanced cancers and chronic infectious diseases with MEGADOSES of VC.

If someone claims, I'd be happy to refer a 1000 plus such paying cases.

3. Acute diseases and early diagnosed cancers: This is a tricky situation, VC in megadoses to treat early cancers (including Cancer Breast).....very unlikely and slow to show significant improvements resulting in rapid disease progression.

Klenner's documented cases of curing various infectious viral diseases (hep, hemorrhagic fever,

polio etc) have one thing in common; all his patients were treated with VC within 3-5 days of being diagnosed.

That is very unusual in today's world, where most of the people in this category resort to conventional med first, once that fails than VC isn't helpful.

To sum up mega doses of VC can (probably) cure acute viral infections, only if the person approaches early after being diagnosed. (Such a coincidence happened with me while treating the elderly lady with acute viral pancreatitis. Was approached by the family within 72 hrs of diagnosis, but initially treated with mega doses of Gluta and later 2 X 40 grams IVC once she got out of the ICU, after approx 72 hrs.)

Bottom line, time frame is most important determining variable if megadoses of VC can cure acute infections.

My thoughts based on my clinical experience of treating all kinds of diseases at various stages with megadoses of VC.

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Hi,

I wanted to share as always, of treating at least around 50 plus people suffering from Advanced Kidney disease.

The primary cause differed in all, Diabetes, Hypertension or autoimmune etc. Their stages varied from A2/3 to ESRD requiring a transplant.

Now it's become so simple, like making an IVC infusion, though initially took me some time to create a protocol.

To sum up, it (DMSO/CsCl IV) has lots of pros, benefits for the persons suffering, saving them from disease progression, dialysis and a transplant.

But Parma, would suffer, due to drop in sales of prescriptive meds, dialysis equipment, and a decline in transplants.

I would again say it's simple, with none side effects and a cure rate of plus 90%, and IF for some reason it fails, no harm either. BTW I haven't failed yet in the people I have treated.

It's just like making an IVC, once thought it was an ordeal, now though I rarely use it, takes me not more than 10 mins for 70-120 grams with a pH of 7.3...

One of my patient suffering from CRF, calls me Micheal Angelo, I asked why, he replied you can make a sculpture alive, or make one from a raw rock removing the debris. I really didn't understand, he replied that your treatment has reversed my ESRD twice, so I have faith in you that you could do it each time. To which I replied, am confident but not arrogant and in med 2+2 are rarely 4.....

Just wanted to keep sharing, as has been and is my habit at the forums.

Now what exactly is the protocol, is a difficult question to answer precisely. It depends on the underlying med variables, how advanced is the kidney disease, underlying cause, age etc., but shall try to answer to my best.

In almost all the 50 people I treated and got cured, initial treatment involved DMSO, Glutathione and CsCl in an infusion.

CsCl, was only needed in the 1st 1/2 infusions. You know how much of stress I lay on pH.

In all these 50 people, no more than 10 IVs (each) were infused.

Lastly, shall quote the one in whom recurrence occurred (Underlying cause Diabetes and stage was ESRD). Like posted he was treated for the recurrence online, using DMSO orally in a dose ranging from 30-60 mL/day, and Liposomal Glutathione, for no more than 7 days.

True...I agree with your thoughts, but here I'm talking about cellular pH and not arterial. With the kind of supplements your are on, having an arterial pH in the normal range, I would assume that cellular pH too would be in the same range.

Aim is to increase the cell pH, higher the better, whether using an alkalizing diet (which would take days or weeks), or CsCl. Since I have been using CsCl, in an infusion over the years to treat other diseases, besides Cancers, I find it the quickest way to raise it, and I assume that most people with serious chronic illnesses, especially not responding to conventional therapies have a low cellular pH (Not many people take supplements seriously, even most docs think they are a mere waste), and CsCl usually enters only diseased, subpar performing and cancerous cells, and the dose is not as high as that for treating cancers.

For diseases other than cancers, I infuse CsCl only for a few days (1-3, depending how sick the person looks clinically), that's sufficient to give rise to the cellular pH. I myself take a 16 grams infusion of CsCl every few months, (as a supplement). My treatment protocols for any disease, are rigid, route almost always IV, cause my patients want fast cures, with no side effects, as mentioned in some of my older posts.

On numerous occasions have witnessed, where a person with ESRD/ diseased kidney being recommended dialysis or a transplant, having been treated using this (DMSO/CsCl) protocol, saved from these procedures and kidney being reverted back to normal.

Now coming to your specific question, correct, one could use K (potassium) salts to raise cellular pH, but I would not recommend them in case you want to treat Advanced Kidney Disease, since most already suffer from hyperkalemia. For other diseases, there isn't any harm using K salts vs Cesium. Another benefit of using CsCl for people with CRF, is K supplementation isn't required, or in very low dosage, which again I have witnessed, since I get K levels checked at least twice a day, irrespective of whether cardiac parameters are normal, during and after the CsCl infusion. Using K salts for CRF, can be harmful, instead of curing/reversing could aggravate it.

Hope that answered your query, I tried to explain to the best of my clinical experience and in depth.

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## Deep Vein Thrombosis

I happened to treat a similar case 2 months back. Was approached by an MD whose wife after giving birth to their 3rd child was suffering from DVT and its symptoms.

For 6 months the husband was treating her with all kinds of prescriptive drugs, but no significant improvement, other than from being bed ridden she was able to walk using crutches.

**With 3 sessions of IV DMSO, all clots removed, swelling, pain/inflammation disappeared and is now walking/running, no signs or symptoms of DVT.**

If, she had approached earlier would have saved her from the 6 months of agony, distress, anyhow better late than never.

I just treated a young man 34 years of age, suffering from ESRD, Creatinine 12mg/dL

Cause uncontrolled Hypertension and Acute Hep C.

The so called Board certified Nephrologist wanted him on dialysis, the young man visited me before it commenced.

I was stunned to see, that he never even tried to control his BP.

**To sum up, his Renal function is normal, root cause BP well controlled, Hep C under control, after a few IV DMSO sessions.**

Coming to that, as in one of my earlier posts (can't locate, would have posted it's link), I wrote that NOT only Cancerous but ALL diseased cells of organ/organs are acidic, performing subpar.

Kidneys as you all know have a great capacity to grow/regenerate/hypertrophy, this person's dead cells were shed off and sub par performing brought to normal.

That's exactly what happened, when I treated persons suffering from Type 2 Diabetes, Adrenal Insufficiency etc, and are off prescriptive meds, because there organs have reverted back and now are no more diseased and cells functioning normally.

Again no made up stuff, wanted to post lab images, but didn't get the patient's consent.

To add:

Why I only use 99.98%...

1. Have the flexibility to dilute it to any concentration (from 5% - to all the way up) depending on disease and/ or it's severity.
2. Since my work involves almost only IVs, don't want the additives in other strengths, which can very occasionally cause some side effects, though easily manageable, but why take a risk.
3. Have infused thousands of IVs using 99.98%, never have faced an issue.

Hope you have started...

eDOC!!

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#### Pros of IV/CsCl Therapy

1. Excellent results.
2. Correct, it controls cancers associated pain. In my clinical usage on Cancer patients with bony mets it reduces pain by at least 50% if not 100% with in 72 hours of regular intake.
3. Keep a watch on serum K weekly not to fall below 3.0 mmol/L & put her on allopurinol 300mg once a day.
  1. Dissolve approx 134 g in 1000mL to get 2g in 15 mL (1Tablespoon).  $1000/15 \times 2 = 133.33g$ .
  2. At least 5g of Laetrile & 500 mg of K with each dose.
  3. Adjust K dose later (if needed) with serum levels, but 500mg potassium works in most cases that I have treated.
  4. Assuming 1 pack of Lipo VC =5:10 gms of IVC, take at least 5packs of Lipo VC/day, along with Cesium.

Owen you might defer regarding taking K (potassium) with Cesium Chloride, but when I use CsCl for treating patients with malignancy at a dose of 6-9 gms/day there K level drops from 4.5 to 3 within 48

hours of intake. If not supplemented there is a significant risk of having them go into Cardiac failure.

1. Excellent patient compliance.
2. An IV containing 6 grams CcCl is approx equal to 12-18 grams oral, in it's clinical effects.
3. The higher the dose better for cancerous, anerobic, subpar performing cells to revert or die. No fun in giving low oral doses that do more harm than good.
4. Once daily IV is enough vs. multiple oral dosages.
5. Because of its great half life, IVs could even be administered on an alternate day basis, again In my experience of treating Cancers with IVC & some additional drugs have found solid cancers like Breast, Prostate, Lymphomas, Colonic, Bladder, Kidney cancers etc simpler to treat, more responsive & get excellent results vs. Cancers like ALL, AML & Glioblastoma Multiforme (GB).

Never been successful, till now with GB.....one reason is that they approach me too late having gone through many oncologists & procedures like surgery or radiation. depending on the nature of disease and other med variables.

1. Sure Owen, you probably know that I don't use commercial sodium ascorbate but IV grade VC from nutri com. Been using it for the last 8 odd years to treat various kind of cancers & it takes me or my nurses not more than 15 mins to make a 80 gms IVC with a basic pH.
2. As to shrinking of tumor, have observed clinically Cesium plays the role vs. IVC. Have witnessed a tennis ball sized breast tumor disappearing all together using Cesium is & IVC.
3. To sum it up Cesium does play a shrinking role besides it's it anti cancer effects, for most solid tumors, rather than exposing a patient to conventional radiotherapy.

*@jimmylesante , is that your friend with Ca Bladder, that I recommended, IV CsCl + IV DMSO, some time ago.....you are smart enough to treat. (If required (which I doubt) shall happily guide you.)*

In my experience of treating all types, stages of cancers, this person's best chances are with IV CsCl DMSO combo vs. cyber knife.

Cyber knife for Cancer with mets, mere waste of money with lesser chances of survival/poor prognosis vs. IV CsCl combo.

Anyways thanks for having faith in my expertise.

*My father has following history:*

- alzheimer, pd
- aortic valve rep
- since stroke in coma, very much aware of his discomfort, can't communicate

eDOC: I 'd forget about amalgams etc, at this stage.

You could give lipo Gluta.

As posted DMSO and Gluta are the key for his recovery, never used lipo Gluta on such patients so can't recommend, I use IV/Gluta at least 1.4 grams 2-4 times a day. I predict that shall relive most of his PD symptoms including constipation.

Nebulize with DMSO till you get hold of a nurse, that shall help restore normal breathing, acidosis, infection.



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Treated a person suffering from multiple warts, on beard area, neck and shoulder region and all disappeared after 72 hrs of a single infusion therapy.

Bottom line IV DMSO is an effective therapy for viral warts too.

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1. Developed Allergic contact dermatitis using a new deodorant, all skin lesions vanished merely after 2 topical apps. Had it happened a decade ago, I would have used a steroid ointment.
2. Treated a case of Chronic Tinea pedis again with 2 topical apps, all skin lesions disappeared. This patient had been using antifungals for ages with no positive effects.
3. Treated and cured a case of chronic periodontitis with calculus, gingival swelling person was fed up with dental visits and procedures. Chronic smoker and social drinker with a sub average oral hygiene. Now his teeth, gums are all clean shiny white, red healthy, with none stains or tartar, calculus deposits.
4. Cured angina symptoms (without prescriptive meds), cleared single vessel blockage in 3 IV sessions. (Without angioplasty).
5. Put a lady with Chronic Rheumatoid Arthritis in remission, with 2 infusions, now is off steroids and DMARDs.
6. Treated a person suffering from ESRD online using it and got him off dialysis, renal function back to normal.
7. Stroke patient relieved of post stroke symptoms with 4 IV pushes.
8. Treated a case of Cancer Colon using infusions of it along with CsCl at 10,000 feet, with no hospital, lab facilities and patient is now in a complete remission. Imagine we spend billions on cancer research and high tech hospitals, labs and cancer drugs.....

Have treated and cured both Simplex and Zoster with IV DMSO alone.

DMSO is the best thing; most versatile drug that I have used in 3 decades plus, wish I was using it 15 years ago. It can literally do anything, treat, cure any disease.....at least for me.....

The diabetic with ESRD on dialysis had a low platelet count too, before starting DMSO IVs, treated with a few shots of Gluta and an infusion of CsCl, to detoxify and alkalize that helped his platelets go up from 20 to 75.

You have to realize that he was in a state of coma and critical (not someone suffering from a cold). My (or any doctor's) focus would be to firstly address issues of utmost importance i.e. increasing his level of consciousness than the rest. (This is simple, easy and quick).

All the VC, Bs, CoQ, Lipo Gluta etc that you are giving him is good won't harm but most probably would not help much in coming out. Once he's awake than he would benefit immensely from them.

PD, Stroke causes dysphagia, breathing difficulties constipation, so you got to treat him aggressively for 48 hrs and then enteral tube removed and oral treatment starts.

Not necessary to wean off PD drugs, especially if one has access to IV or Lipo Gluta.

You posted Bicarbonate 1% (in mEq/L?) did you ever get him tested for ABGs earlier? How is his hydration, intake output, vitals, EKG?

I would recommend carrying out fresh ABGs, including pH once, pulmonary drainage and suction are very empirical to assess.

60 grams VC powder would definitely relieve his constipation but may not get him out of this stage.

As you posted all his labs look fine but what about his clinical condition, I do get help from lab works but treat the person and not labs.

VC forums are a great place but here I can only imagine, visualize and give recommendations based on my experience in treating such cases.

Bringing him out of this stage shouldn't take more than 48 hours, since I have dealt with similar cases and for that you got to get hold of a doc to infuse Gluta and DMSO. (Would only require few infusions of Gluta and DMSO, than you could neb with DMSO and start Lipo Gluta). Have treated some cases using them in areas with none access to lab/ICU facilities and even a few online with instructions to the treating doc.

This is most I can do since my hands are full, good luck from my end let Owen and the rest

My philosophy has always been that a person should get well, whether with a cup of coffee, VC or any drug.

Secondly I know that stand alone DMSO drops ALT and reduces ICP. When I was called to treat the Hep C patient in coma, the 1st IV push I gave was 65%, and he came out of enceph in about 17 hrs but his ALT's which fell but still were elevated ( plus 40). The 2nd push on day 3 increased to 80%, cause I knew had nothing to lose and that brought them down to 22. Now is enjoying a normal life, giving him time to recuperate than shall go for the Hep C kill.

Thirdly whatever diseases that have treated are mostly with DMSO stand alone to see how effective it is. The other patient with a Diabetic gangrenous toe responded very well to IV and topical but then later added a couple of 40 grams IVC and oral Lysine 6 grams/day.

I had this in mind and totally agree with your thoughts that DMSO along with VC and Omegas would further help in dissolving Alzheimer's plaques and treat people with Dementias.

I have a patient with multiple issues; aged 92 twice had CABG, Senile Dementia, Emphysema, severe cervical and lumbar spondylosis enlarged prostate who am treating with IV DMSO, Omegas and is responding very well.

IVC, CsCl, Gluta and DMSO are my front line drugs to which I add when required drugs like Omegas, Lysine etc.

Another case responding very well to IV and nebulizing DMSO is the one with Pulmonary Sarcoidosis. Nebulize him with 5-10 mL twice a day.

I don't have any clinical experience using MSM so cannot say about its clinical efficacy, but DMSO definitely can be taken orally not just only topically or IV.

Take 10 mL in my tea daily, use it gargle in luke warm before brushing.

Have noticed that it enhances the absorption of orally taken drugs like VC, Lysine, Folic that I take, even if applied topically anywhere on the body.

Don't use any latex gloves while handling it and my skin no longer stings even if I apply pure on any part of my body.

Hope I answered the queries, regarding oral intake and adding VC and Omegas for Alzheimer's.

Use DMSO ear drops, have successfully treated cases of CSOM (Chronic suppurative Otitis media with ruptured tympanic membrane with it alone).

Dec 2014: Any member or a doc tried the following on him/herself?

1. 80-100 grams IVC.
2. 16 grams IV CsCl.
3. 120 mL of 99% DMSO.

Hoping to hear from someone.....cause I have.

First mention of DMSO at forums – Dec 2014

I caught a cold and was totally symptom free in 3 days with oral SA and DMSO nasal drops, both once a day. If I had a daughter or patient with cold would treat her with SA orally and nebulize her with DMSO

## **Diuretic**

DMSO is such a powerful diuretic, when I use it as a mouth wash, need to urinate within 2 mins.....so you can imagine its diuretic properties.

It's the best detox agent, has anti-inflammatory, antiviral, antipathogen etc.....it works for me in treating all diseases.

There is reason for my liking certain drugs/supplements cause they work.....like DMSO from Jacobs, Glutathione from Wellness, VC from DSM or Wholesales and last but not the least my favorite CsCl.

Good luck again, enjoy reading, hope you get all the phthalates, (IF any) out of your body soon and get healthy.....just finished an 8 hrs session with a patient, infused 75 mL of DMSO along with 4 grams of Glutathione,(besides other things.)

## ***Reported my drop in fasting blood sugar***

Good news, it's not just a mere coincidence it does cause a drop in sugar.

Correct, it's got great anti-inflammatory properties, so why would I add synthetic steroids to amplify.....None of my SLE/Autoimmune, COPD, Renal patients take steroids anymore. Since it pumps in, amplifies whatever little and enhances natural steroid production

To recover from sport related injuries, yes one could use synthetic BUT I have never used it on the best of the pitchers that have treated, IV alone does the job for me.

Same goes for using MMS no harm theoretically, it itself possesses great anti-pathogen properties and has a great oxygen delivery system.....

It relieves angina pain in mins and like in one of my old posts, helped clearing a single vessel block (70%) in 1 IV session.

It can amplify the affect of any drug/supplement but my philosophy in treating thousand of patients infusing countless infusions, why use Pharma/Synthetic drugs along with it, when its does an awesome job alone. No harm, but personally I would never use artificial steroids with it. I don't find the idea sensible or logical, when one has access to such a great natural substance! I only add, if required natural supplements, TCM herbs/supplements.

### **Not eDOC – different author but cancer related.**

Throughout the article, the authors repeatedly attribute the observed metabolic changes to the presence of H<sub>2</sub>O<sub>2</sub> created by the oxidation of ascorbate. So, rather than finding a different mechanism than Levine, this article appears to refine and support the concept that H<sub>2</sub>O<sub>2</sub> production in the extracellular fluids is the anti-cancer mechanism.

It is worth noting that oxidation of AA under these conditions produces two products: H<sub>2</sub>O<sub>2</sub> and DHAA. Most cancer cells express vastly increased numbers of GLUT receptors, and therefore absorb much more DHAA than normal cells. High intracellular concentrations of DHAA also shift the energy-producing metabolism within cells towards glycolysis [\[1\]](#). This latter function is a normal and good thing under most conditions, since it enhances the production of NADPH to provide electrons to recharge antioxidants like GSH. However, it can affect the amount of ATP production because glycolysis is much less efficient than oxidative phosphorylation. The energy-producing metabolism in most cancer cells already favors inefficient glycolysis. So loading them with H<sub>2</sub>O<sub>2</sub> and DHAA simultaneously for an extended period of time could further shift away from oxidative phosphorylation, with less ATP production, and result in "energy starvation" as you say. And the fact that most cancer cells absorb much more DHAA than normal cells could very well explain why cancer cells are more susceptible to high concentrations of ascorbate than are normal cells. This remains consistent with your suggestion that, "IVC strategy should then be Continuous Time in which the IVC is at millimolar (cancer killing) range in the blood."