

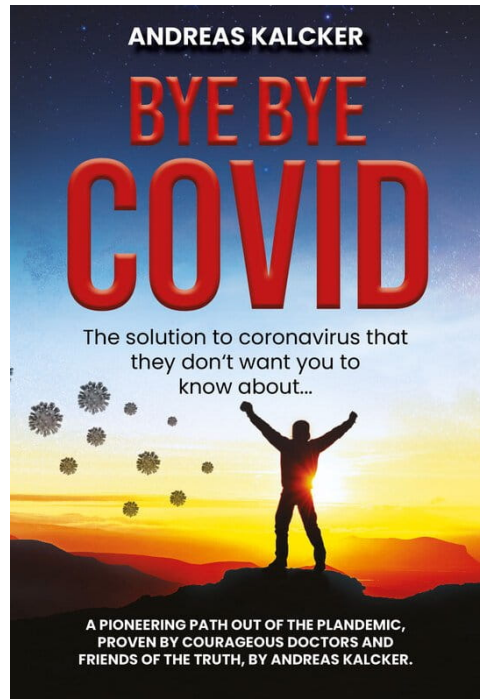
Andreas Ludwig Kalcker
Bye Bye Covid (English edition)

Sample text

[Bye Bye Covid \(English edition\)](#)

from [Andreas Ludwig Kalcker](#)

editor: Andreas Kalcker Institut



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PROLOGUE

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There is nothing more rewarding than saving a life, and everyone who has participated in this research has experienced this truth, and this is what makes every doctor, therapist or researcher who knows about this controversial, or perhaps “miraculous”, substance, great.

In this book, you will find real palpable results that have saved and can still save many lives in the future, which makes a big difference compared to everything we have been told so far, especially if you’ve asked yourself the right question: Is what we have been told by the media and governments true?

I would especially like to thank Andrés Pérez and all the protagonists of this book who have experienced the certainty that chlorine dioxide (CDS) works successfully to fight the current “*plandemic*” and beat this Coronavirus. Without them this book simply would not have been possible. And I would also like to thank all the selfless sponsors who have supported this research work for the greater benefit of humanity.

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The aim of this book is to let people know who we all are and what is really happening in the world. CDS has brought healing in countless well-documented cases, and its effectiveness is now, despite what anyone might say, irrefutable.

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Some will say that this medical book is the solution to all the problems of the coronavirus “*plandemic*”, and others will simply believe that it is better not to read any of it so as not to make things worse.

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What follows is essentially a story of thousands of people, thousands of souls who have been lost during the present pandemic and thousands more who have chosen with great courage to be, to represent and to employ the most effective solution to this challenge to humanity. These people, despite encountering strong opposition at every step of the way from the iron-fisted powers that be, as well as an equally mighty ignorance, have achieved the impossible.

Each and every one of these people is the protagonist of this true real life story, and therefore they must be the ones who carry the thread of the narration with their own voice. For this reason, the name of each person interviewed, taking part in this narration, is indicated throughout the text, and their “voice” is always heard in the first person.

For obvious reasons and because of the logical extension of this book, we cannot hear everyone’s voice, but let no one doubt it; those who are absent are every bit as important as those who are represented in these pages. This is the book of all the brave ones.

Andreas Ludwig Kalcker and Andrés Pérez Fernández

The Yellow Water



DR. *h.c.* ANDREAS LUDWIG KALCKER

After curing my own arthritis with chlorine dioxide (I did it at that time with its precursor, MMS) 14 years ago as described in my book “Forbidden Health”, I started to use it on others and realized that this substance did not only help me, but also helped my best friend who suffered from mercury poisoning, some relatives with fibromyalgia, the DHL carrier with an incurable allergy, an acquaintance with shingles and a lady with diabetes. These diseases are so different in terms of their causes that I could not explain in any way how this substance worked because if I had been told then that there is out there a miraculous substance capable of doing all this I would have considered anyone who told me this as a charlatan, based on the belief that this could not be possible, and that there are no scientific references in this regard. However, before all references out there, experience should take precedence. With experience there is no one in the world who can convince you otherwise when you have experienced something like this in your own body and have also seen it in your friends and family. I remember sitting with my best friend José on the porch of the house I had in Spain questioning what I should do about this and he simply said, “Do what your heart tells you to do.”

So, I started researching and a few years later CDS was developed which is simply water saturated with chlorine dioxide -a gas- [ClO₂], which unlike MMS, does not contain chlorite and does not cause adverse side effects such as diarrhea for example. No doubt both ways of taking chlorine dioxide work, but CDS is much more bearable, because it is only the gas which is generated by mixing sodium chlorite, NaClO₂, with an acid, be it either hydrochloric acid or citric acid.

Water has the ability to absorb this gas, turning into a yellow liquid that in turn indicates the presence of chlorine dioxide in its pure form and without sodium chlorite or other harmful residues.

The interesting thing about this gas is that it is an oxygen carrier attached to a chlorine ion. Do not confuse the negatively charged chlorine ion with molecular chlorine which is toxic; the chlorine ion in the body becomes less than a salt crystal and in this process it releases oxygen and at the same time removes acidity.

It must be understood that practically all pathogens that we know, work through an acidic medium and so do viruses, bacteria or fungi; in this oxidation process there is no possible resistance, something that can be observed when we find out that chlorine dioxide has been used to purify drinking water (for half a century) and to date there is no resistance by any pathogen to this substance.

When we read that chlorine dioxide is toxic, this toxicity refers only to when this gas is inhaled and this is true; any substance that is not air, is a pulmonary toxic agent as, for example, is the water that we drink daily: but if you try to inhale it, you will die with your lungs flooded with it because we simply are not fish ...

When we ingest this gas dissolved in water, it evaporates from a temperature of 11°C in our stomach, which is 36.5°C, and, as it cannot escape from this environment, it diffuses following Fick's first law behind the stomach walls, entering our blood and interstitial fluids. From there on it is distributed throughout our body and where this molecule finds an acidic place, ClO₂ dissociates in a chemical process with intermediate steps and is finally reduced to salt (cooking salt) and oxygen, which humans can assimilate and process naturally.

k+	3,6	mmol/L		k+	3,4	mmol/L	Haag
Ca++	1,20	mmol/L		Ca++	1,13	mmol/L	Haag
Cl-	102	mmol/L		Cl-	107	mmol/L	
cTCO2	31,6	mmol/L	Hoog	cTCO2	27,6	mmol/L	
Hct	45	%		Hct	38	%	
Chgb	9,5	mmol/L		Chgb	8,0	mmol/L	
BE(b)	2,5	mmol/L		BE(b)	1,3	mmol/L	
Resultate: Meta+				Resultate: Meta+			
Glu	88	mg/dL		Glu	79	mg/dL	
Lac	2,49	mmol/L	Hoog	Lac	0,79	mmol/L	
Crea	151	umol/L	Hoog	Crea	122	umol/L	Hoog

PRIOR TO INJECTION

AFTER THE INJECTION

We have also observed in laboratory mice that by ingesting this substance throughout their lives these animals prolonged their lifespans up to 30%, a fact that has also been observed in the work of Ristow at the University of Zurich in Switzerland after exposing mice to oxidative stress by fasting.

Anyone who has ever consumed chlorine dioxide (which is oxidative) will have experienced how good one feels afterwards, and its effects are the opposite of what the theory of oxidative stress says; a theory which should be completely revised by science in the light of the excellent results of oxidative therapies such as ClO₂ use. This theory also lacks a scientific background, specifically when giving concrete values of the different voltages because it only talks about free radicals without further consideration.

We must understand that not all radicals are the same, since **oxygen (yes ... that gas that we consume all the time)** is also a free radical and is essential for life and the perfect function of our metabolism. There are definitely radicals that damage our cells such as OH groups (the hydroxyls), but these have an oxidation and reduction potential (ORP) voltage of 2.8 volts which is very high, considering that ozone has 2.03 volts and peroxide has a voltage of 1.76 V, chlorine has only a voltage of 1.3 V and chlorine dioxide has 0.95 volts.

Inside our cells we have organelles called mitochondria that use the air we breathe along with sugar to produce energy in the form of adenosine triphosphate (ATP) for our body. This is the essential mechanism of life and if we help the mitochondria to have a better pH and increase molecular bioavailable oxygen we can understand why this substance is able to help on so many unrelated diseases.

We must understand that most diseases have the underlying problem of a lack of an adequate blood supply and the main function of our blood is the transport of oxygen in our red blood cells (erythrocytes). If there is a problem in this transportation, low energy is what will be available for our body and therefore disease can be easily defined as a lack of energy.

Illness = Lack of Energy

By increasing this energy, our body will be able to heal itself.

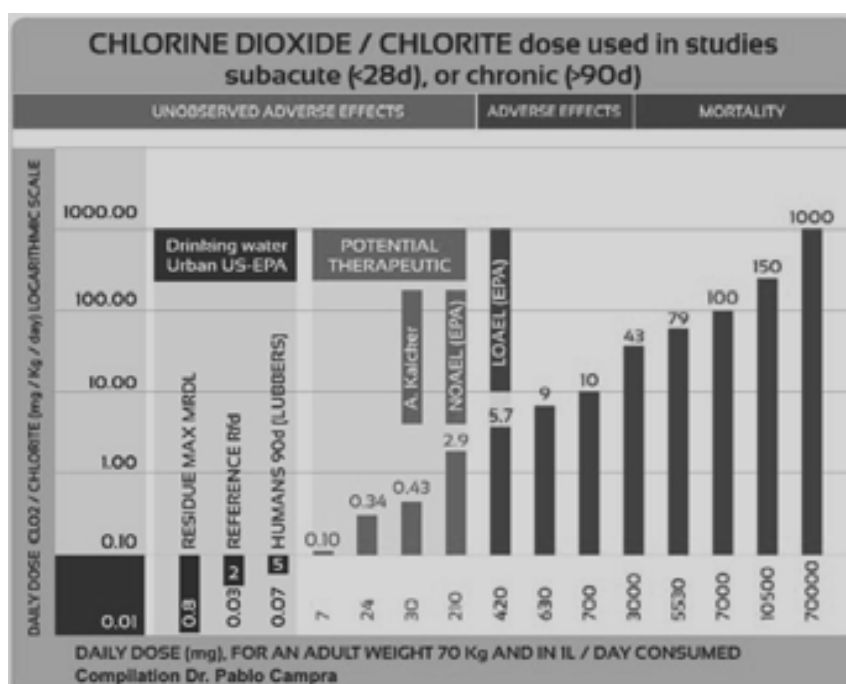
One of the important details to consider is that chlorine dioxide is a secondary carrier of oxygen, which simultaneously oxidizes patho-

gens, reduces acidosis and oxygenates the oxygen-starved problem spots. At the same time it is so small that it can penetrate any membrane, bearing in mind that we are talking about a molecule of only 67 mole with a size of a few picometers, and able to pass any barrier in the body that red blood cells may not be able to reach. This molecule is also able to penetrate biofilm and mucus that bacteria use to defend themselves.

The only drawback is that CDS is consumed in the process and if we don't have enough of it in the needed spot, it simply doesn't work because of the insufficient amount.

There is a maximum amount and concentration that we can drink, because large concentrations hurt our throat. This same defense mechanism makes accidental severe intoxication impossible, because when ingesting potentially toxic amounts, the body reacts immediately, blocking and limiting intake.

According to studies reflected in a report by the EPA (Environmental Protection Agency of the USA), the NOAEL (No Observed Adverse Effect Level) or "no adverse effect dose" which we could define as the maximum daily dose (expressed in mg/kg/day) that produces no observable adverse effects, is 3 milligrams per kilogram of body weight per day. This is equivalent in a 70 kg person to an amount of 210 mg and in a 50 kg person to 150 mg per day without having any toxic effects.



there were no ventilator machines to be able to intubate him. We are therefore talking about a case of a certain death. Against all odds, Dr. Mauricio Quiñonez recovered in only two days. Then the doctors of the AEMEMI called me and asked me if we could do a trial in Ecuador and, although this was carried out in a hurry and under an emergency situation, we were able to help more than 100 people with a very high success rate of about 97%. This trial was signed by a notary, but it was not accepted at academic levels because it did not have the 100% adequate methodology, which would have been impossible to comply with due to the extreme emergency situation in which they found themselves. The priority was always to save lives.



DR. MAURICIO QUIÑONEZ

(Integrative Medicine Physician, Ecuador)

I am a medical doctor graduated from the University of Guayaquil and founder of AEMEMI (2017). I was president of that association from its foundation until 2019. To deal with the health catastrophe of the COVID pandemic in Guayaquil in March 2020, I summoned Dr. Roberto Garcia from Cuenca to Guayaquil, as a member of the AEMEMI association, and knowledgeable about CDS, to do something in the face of so much death. Despite the fact that the perimeter of Guayaquil was closed, Dr. Roberto Garcia managed to pass all the controls after showing his medical credentials. Later we went to the Ministry of Public Health; we went to see Dr. Ernesto Carrasco to offer him this alternative to be able to treat people since the situation was uncontrollable and health professionals also were falling ill or dying from COVID-19 in great numbers. The latter was what motivated me the most because I told the vice minister of health that we should try this alternative with the health professionals, because if we doctors die, who is going to take care of the people?



They were very skeptical and washed their hands of the whole thing. Roberto and I, disappointed, told ourselves that we had to do something and it occurred to us that since there were no approved treatments for the use of CDS in COVID-19 patients, we could use the Helsinki Declaration to proceed.

With that and the informed consents we were armed to act, but many of the colleagues in the province who were doing out-of-hospital care in particular, preferred to look after themselves, rather than go out and provide care. We would go and pick up patients and they would also go to the AEMEMI office as, although it was a reckless thing to do, the only thing that mattered to us was to save lives. At that time, from March 21 to 30 2020, several friends of mine died, among them a young colleague who shared this homeopathy interest and had been my student. That depressed me. I became anxious about saving the world and I forgot about myself. I was taking homeopathic remedies and I felt fine: I was working and everything, but after the death of my friends and the refusal of the Ministry of Health and all that tension, my blood sugar went up... And I ended up becoming a patient! Roberto took care of the logistics -even putting up some of his money up front- and treated me. They took me home and my two sons, who are also doctors, also fell ill, but they are very orthodox and did not take chlorine dioxide, and not even after this substance saved me did they change their minds... They have their own criteria and they follow their own path... There you can see the paradox.

My ferritin level was 999, my tests were a disaster and Roberto came with CDI prepared and told me: "Man, you're going to die," and I told him not to inject me with any of that, but he insisted: "You're going to be the first one to be saved." I answered "No!" but in the end I gave in. 20 cms of a 100 cms of serum were locked in my vein! He burned

my vein! We were experimenting! Six hours later I could breathe, but you have to bear in mind that my saturation was at 75... I had lost my sense of smell, taste, I couldn't sleep, I lost my appetite, and I lost about 30 pounds! I was treated with chlorine dioxide on April 7th and by the 13th I was back in the trenches attending. When my colleagues tell me, "But that substance is toxic!" I tell them: "Have you taken it? Have you had it injected? Then shut up! Hahnemann, the creator of homeopathy, experimented with almost a hundred homeopathic remedies on his own body. Doctors nowadays are quite "soft" and take what the pharmaceutical industry says as if it were the word of God..."

In the journey that was made, 104 cases were studied, one dropped out, but most of the 96, 98 - I don't remember the exact number - had a fantastic recovery. I no longer belong to AEMEMI and Roberto García is the one who can best tell everything related to the preliminary study that this association carried out.



DR. ROBERTO GARCÍA

(Doctor in Integrative Medicine Ecuador)

In 2014 (November) I attended Andreas Kalcker's first seminar. I knew about MMS before, but Andreas introduced me to CDS. So in 2020 Mauricio already knew that I was working with this substance and we agreed to work with it for the pandemic so he told me: "Roberto; do the preliminary project. Come from Cuenca (where I live) to Guayaquil and we'll talk with the vice minister (Dr. Ernesto Carrasco) who is my friend". We spoke to him and the epidemiologists, but they didn't pay us much attention and we decided to act on our own. I saturated CDS in different concentrations. I saturated the CDI (intravenous) at 30%, loaded the gallons in the car and drove back to Guayaquil. Mauricio and I used the informed consent forms and shielded this way by the Declaration of Helsinki so that ARCSA (Ecuadorian Health Entity) would not put us in jail, we got to work. That day we worked alone because everyone was afraid of the virus. On the second day some of my colleagues from tropical medicine joined us and on the third day Dr. Carmen Sarmiento, secretary of



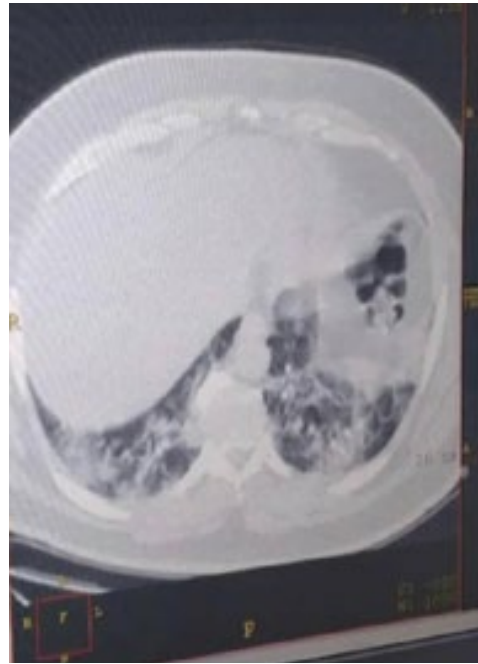
DR. PEDRO CHÁVEZ

(Military Surgeon. Mexico) retired from the army in 2005 with the rank of colonel.

The common denominator that unites us is to save lives. Yesterday I spoke with the medical director of a hospital in Bolivia because he needed advice on how to apply intravenous chlorine dioxide; a year ago it would have been practically impossible for a hospital internist to ask me how to apply CDI. We have therefore advanced in an impressive way, I have had to attend patients in ICUs (Intensive Care Units) in civilian hospitals where they were open to introduce chlorine dioxide. As for the number of people saved in Mexico, let's make an extrapolation: We are 200 doctors, we see COVID-19 patients every day; I in particular have treated 3000 patients successfully in one year. Dr. Manuel Aparicio has about 4000; in a low estimate, each of the 200 doctors has treated at least 500 patients a year, but above all what fills us with pleasure and satisfaction is the culture of chlorine dioxide that has spread throughout Latin America.

Last year (2020) I had a very difficult clinical case; a 42-year-old intubated patient; his treating physician no longer gave him any hope of life as he had 85% lung involvement and was only urinating 30 ml in eight hours with no response to conventional treatment. He was a 42-year-old male patient with a history of systemic arterial hypertension evolved over seven years, treated with antihypertensives, and diabetes mellitus treated with hypoglycemic agents, added to morbid obesity.

He started having symptoms on September 28th with arthralgias, headache andodynophagia; he went to the doctor who prescribed azithromycin and injectable ceftriaxone. When I spoke with the treating doctor he told me, "If you want to give him chlorine dioxide, give it to him because he is going to die anyway".



At 22:30 the doctor changed his mind and agreed to the administration of intravenous chlorine dioxide because he said that the patient was so serious, with such low oxygenation and renal damage (30ml of urine in eight hours) “that there is nothing left to lose”.



On Friday October 9th I was allowed to assist in the management of the patient and start at 1 o'clock on October 10th with the intravenous CDI protocol.

We started the application of intravenous chlorine dioxide diluted in 500 ml of physiological solution; it was administered continuously for six days; by the seventh day the patient had recovered his lung function by more than 85% and his oxygen saturation was above 90.

October 15 on the fifth day of intravenous administration of the CDI.

Favourable evolution of the patient

The left lung is 80% clear and the right lung is completely clear on October 28. CDI treatment was suspended on October 28th.

PCR was negative as of October 27th.



Pulmonary X-ray **BEFORE - AFTER**

He was successfully discharged from the hospital, miraculously recovering thanks to this great and wonderful substance. Because of his satisfactory evolution, he was discharged on November 6, 2020.

“The Golden liquid” as many call it: Chlorine Dioxide!

Thanks to my teacher Andreas Kalcker for his contribution to humanity.



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What follows is essentially a story of thousands of people, thousands of souls who have been lost during the present pandemic and thousands more who have chosen with great courage to be, to represent and to employ the most effective solution to this challenge to humanity. These people, despite encountering strong opposition at every step of the way from the iron-fisted powers that be, as well as an equally mighty ignorance, have achieved the impossible.

Each and every one of these people is the protagonist of this true real life story, and therefore they must be the ones who carry the thread of the narration with their own voice. For this reason, the name of each person interviewed, taking part in this narration, is indicated throughout the text, and their “voice” is always heard in the first person.

For obvious reasons and because of the logical extension of this book, we cannot hear everyone’s voice, but let no one doubt it; those who are absent are every bit as important as those who are represented in these pages. This is the book of all the brave ones.

Andreas Ludwig Kalcker and Andrés Pérez Fernández

The Yellow Water



DR. *h.c.* ANDREAS LUDWIG KALCKER

After curing my own arthritis with chlorine dioxide (I did it at that time with its precursor, MMS) 14 years ago as described in my book “Forbidden Health”, I started to use it on others and realized that this substance did not only help me, but also helped my best friend who suffered from mercury poisoning, some relatives with fibromyalgia, the DHL carrier with an incurable allergy, an acquaintance with shingles and a lady with diabetes. These diseases are so different in terms of their causes that I could not explain in any way how this substance worked because if I had been told then that there is out there a miraculous substance capable of doing all this I would have considered anyone who told me this as a charlatan, based on the belief that this could not be possible, and that there are no scientific references in this regard. However, before all references out there, experience should take precedence. With experience there is no one in the world who can convince you otherwise when you have experienced something like this in your own body and have also seen it in your friends and family. I remember sitting with my best friend José on the porch of the house I had in Spain questioning what I should do about this and he simply said, “Do what your heart tells you to do.”

So, I started researching and a few years later CDS was developed which is simply water saturated with chlorine dioxide -a gas- [ClO₂], which unlike MMS, does not contain chlorite and does not cause adverse side effects such as diarrhea for example. No doubt both ways of taking chlorine dioxide work, but CDS is much more bearable, because it is only the gas which is generated by mixing sodium chlorite, NaClO₂, with an acid, be it either hydrochloric acid or citric acid.

Water has the ability to absorb this gas, turning into a yellow liquid that in turn indicates the presence of chlorine dioxide in its pure form and without sodium chlorite or other harmful residues.

The interesting thing about this gas is that it is an oxygen carrier attached to a chlorine ion. Do not confuse the negatively charged chlorine ion with molecular chlorine which is toxic; the chlorine ion in the body becomes less than a salt crystal and in this process it releases oxygen and at the same time removes acidity.

It must be understood that practically all pathogens that we know, work through an acidic medium and so do viruses, bacteria or fungi; in this oxidation process there is no possible resistance, something that can be observed when we find out that chlorine dioxide has been used to purify drinking water (for half a century) and to date there is no resistance by any pathogen to this substance.

When we read that chlorine dioxide is toxic, this toxicity refers only to when this gas is inhaled and this is true; any substance that is not air, is a pulmonary toxic agent as, for example, is the water that we drink daily: but if you try to inhale it, you will die with your lungs flooded with it because we simply are not fish ...

When we ingest this gas dissolved in water, it evaporates from a temperature of 11°C in our stomach, which is 36.5°C, and, as it cannot escape from this environment, it diffuses following Fick's first law behind the stomach walls, entering our blood and interstitial fluids. From there on it is distributed throughout our body and where this molecule finds an acidic place, ClO₂ dissociates in a chemical process with intermediate steps and is finally reduced to salt (cooking salt) and oxygen, which humans can assimilate and process naturally.

k+	3,6	mmol/L		k+	3,4	mmol/L	Haag
Ca++	1,20	mmol/L		Ca++	1,13	mmol/L	Haag
Cl-	102	mmol/L		Cl-	107	mmol/L	
cTCO2	31,6	mmol/L	Hoog	cTCO2	27,6	mmol/L	
Hct	45	%		Hct	38	%	
Chgb	9,5	mmol/L		Chgb	8,0	mmol/L	
BE(b)	2,5	mmol/L		BE(b)	1,3	mmol/L	
Resultate: Meta+				Resultate: Meta+			
Glu	88	mg/dL		Glu	79	mg/dL	
Lac	2,49	mmol/L	Hoog	Lac	0,79	mmol/L	
Crea	151	umol/L	Hoog	Crea	122	umol/L	Hoog

PRIOR TO INJECTION

AFTER THE INJECTION

We have also observed in laboratory mice that by ingesting this substance throughout their lives these animals prolonged their lifespans up to 30%, a fact that has also been observed in the work of Ristow at the University of Zurich in Switzerland after exposing mice to oxidative stress by fasting.

Anyone who has ever consumed chlorine dioxide (which is oxidative) will have experienced how good one feels afterwards, and its effects are the opposite of what the theory of oxidative stress says; a theory which should be completely revised by science in the light of the excellent results of oxidative therapies such as ClO₂ use. This theory also lacks a scientific background, specifically when giving concrete values of the different voltages because it only talks about free radicals without further consideration.

We must understand that not all radicals are the same, since **oxygen (yes ... that gas that we consume all the time)** is also a free radical and is essential for life and the perfect function of our metabolism. There are definitely radicals that damage our cells such as OH groups (the hydroxyls), but these have an oxidation and reduction potential (ORP) voltage of 2.8 volts which is very high, considering that ozone has 2.03 volts and peroxide has a voltage of 1.76 V, chlorine has only a voltage of 1.3 V and chlorine dioxide has 0.95 volts.

Inside our cells we have organelles called mitochondria that use the air we breathe along with sugar to produce energy in the form of adenosine triphosphate (ATP) for our body. This is the essential mechanism of life and if we help the mitochondria to have a better pH and increase molecular bioavailable oxygen we can understand why this substance is able to help on so many unrelated diseases.

We must understand that most diseases have the underlying problem of a lack of an adequate blood supply and the main function of our blood is the transport of oxygen in our red blood cells (erythrocytes). If there is a problem in this transportation, low energy is what will be available for our body and therefore disease can be easily defined as a lack of energy.

Illness = Lack of Energy

By increasing this energy, our body will be able to heal itself.

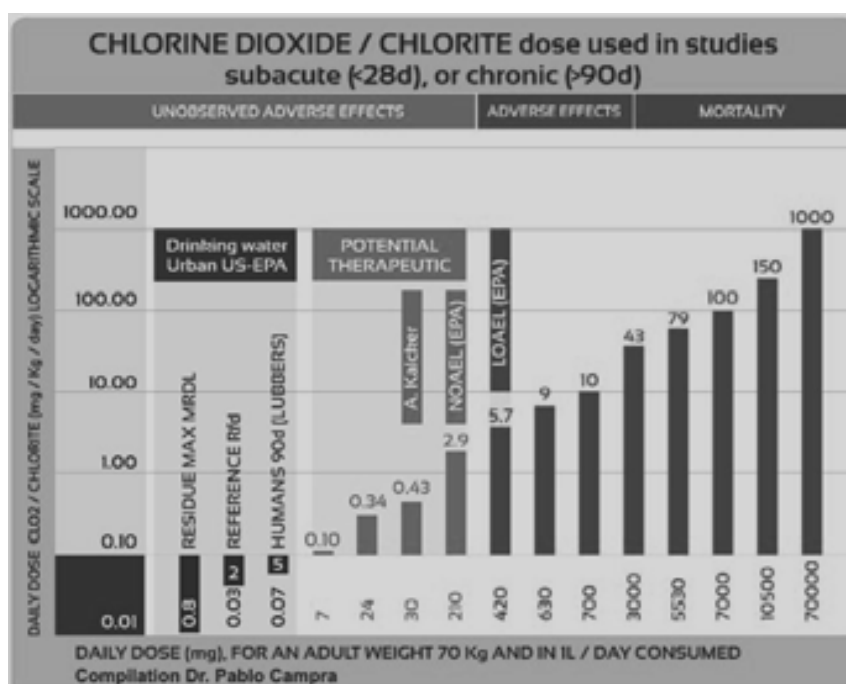
One of the important details to consider is that chlorine dioxide is a secondary carrier of oxygen, which simultaneously oxidizes patho-

gens, reduces acidosis and oxygenates the oxygen-starved problem spots. At the same time it is so small that it can penetrate any membrane, bearing in mind that we are talking about a molecule of only 67 mole with a size of a few picometers, and able to pass any barrier in the body that red blood cells may not be able to reach. This molecule is also able to penetrate biofilm and mucus that bacteria use to defend themselves.

The only drawback is that CDS is consumed in the process and if we don't have enough of it in the needed spot, it simply doesn't work because of the insufficient amount.

There is a maximum amount and concentration that we can drink, because large concentrations hurt our throat. This same defense mechanism makes accidental severe intoxication impossible, because when ingesting potentially toxic amounts, the body reacts immediately, blocking and limiting intake.

According to studies reflected in a report by the EPA (Environmental Protection Agency of the USA), the NOAEL (No Observed Adverse Effect Level) or "no adverse effect dose" which we could define as the maximum daily dose (expressed in mg/kg/day) that produces no observable adverse effects, is 3 milligrams per kilogram of body weight per day. This is equivalent in a 70 kg person to an amount of 210 mg and in a 50 kg person to 150 mg per day without having any toxic effects.



there were no ventilator machines to be able to intubate him. We are therefore talking about a case of a certain death. Against all odds, Dr. Mauricio Quiñonez recovered in only two days. Then the doctors of the AEMEMI called me and asked me if we could do a trial in Ecuador and, although this was carried out in a hurry and under an emergency situation, we were able to help more than 100 people with a very high success rate of about 97%. This trial was signed by a notary, but it was not accepted at academic levels because it did not have the 100% adequate methodology, which would have been impossible to comply with due to the extreme emergency situation in which they found themselves. The priority was always to save lives.



DR. MAURICIO QUIÑONEZ

(Integrative Medicine Physician, Ecuador)

I am a medical doctor graduated from the University of Guayaquil and founder of AEMEMI (2017). I was president of that association from its foundation until 2019. To deal with the health catastrophe of the COVID pandemic in Guayaquil in March 2020, I summoned Dr. Roberto Garcia from Cuenca to Guayaquil, as a member of the AEMEMI association, and knowledgeable about CDS, to do something in the face of so much death. Despite the fact that the perimeter of Guayaquil was closed, Dr. Roberto Garcia managed to pass all the controls after showing his medical credentials. Later we went to the Ministry of Public Health; we went to see Dr. Ernesto Carrasco to offer him this alternative to be able to treat people since the situation was uncontrollable and health professionals also were falling ill or dying from COVID-19 in great numbers. The latter was what motivated me the most because I told the vice minister of health that we should try this alternative with the health professionals, because if we doctors die, who is going to take care of the people?



They were very skeptical and washed their hands of the whole thing. Roberto and I, disappointed, told ourselves that we had to do something and it occurred to us that since there were no approved treatments for the use of CDS in COVID-19 patients, we could use the Helsinki Declaration to proceed.

With that and the informed consents we were armed to act, but many of the colleagues in the province who were doing out-of-hospital care in particular, preferred to look after themselves, rather than go out and provide care. We would go and pick up patients and they would also go to the AEMEMI office as, although it was a reckless thing to do, the only thing that mattered to us was to save lives. At that time, from March 21 to 30 2020, several friends of mine died, among them a young colleague who shared this homeopathy interest and had been my student. That depressed me. I became anxious about saving the world and I forgot about myself. I was taking homeopathic remedies and I felt fine: I was working and everything, but after the death of my friends and the refusal of the Ministry of Health and all that tension, my blood sugar went up... And I ended up becoming a patient! Roberto took care of the logistics -even putting up some of his money up front- and treated me. They took me home and my two sons, who are also doctors, also fell ill, but they are very orthodox and did not take chlorine dioxide, and not even after this substance saved me did they change their minds... They have their own criteria and they follow their own path... There you can see the paradox.

My ferritin level was 999, my tests were a disaster and Roberto came with CDI prepared and told me: "Man, you're going to die," and I told him not to inject me with any of that, but he insisted: "You're going to be the first one to be saved." I answered "No!" but in the end I gave in. 20 cms of a 100 cms of serum were locked in my vein! He burned

my vein! We were experimenting! Six hours later I could breathe, but you have to bear in mind that my saturation was at 75... I had lost my sense of smell, taste, I couldn't sleep, I lost my appetite, and I lost about 30 pounds! I was treated with chlorine dioxide on April 7th and by the 13th I was back in the trenches attending. When my colleagues tell me, "But that substance is toxic!" I tell them: "Have you taken it? Have you had it injected? Then shut up! Hahnemann, the creator of homeopathy, experimented with almost a hundred homeopathic remedies on his own body. Doctors nowadays are quite "soft" and take what the pharmaceutical industry says as if it were the word of God..."

In the journey that was made, 104 cases were studied, one dropped out, but most of the 96, 98 - I don't remember the exact number - had a fantastic recovery. I no longer belong to AEMEMI and Roberto García is the one who can best tell everything related to the preliminary study that this association carried out.



DR. ROBERTO GARCÍA

(Doctor in Integrative Medicine Ecuador)

In 2014 (November) I attended Andreas Kalcker's first seminar. I knew about MMS before, but Andreas introduced me to CDS. So in 2020 Mauricio already knew that I was working with this substance and we agreed to work with it for the pandemic so he told me: "Roberto; do the preliminary project. Come from Cuenca (where I live) to Guayaquil and we'll talk with the vice minister (Dr. Ernesto Carrasco) who is my friend". We spoke to him and the epidemiologists, but they didn't pay us much attention and we decided to act on our own. I saturated CDS in different concentrations. I saturated the CDI (intravenous) at 30%, loaded the gallons in the car and drove back to Guayaquil. Mauricio and I used the informed consent forms and shielded this way by the Declaration of Helsinki so that ARCSA (Ecuadorian Health Entity) would not put us in jail, we got to work. That day we worked alone because everyone was afraid of the virus. On the second day some of my colleagues from tropical medicine joined us and on the third day Dr. Carmen Sarmiento, secretary of



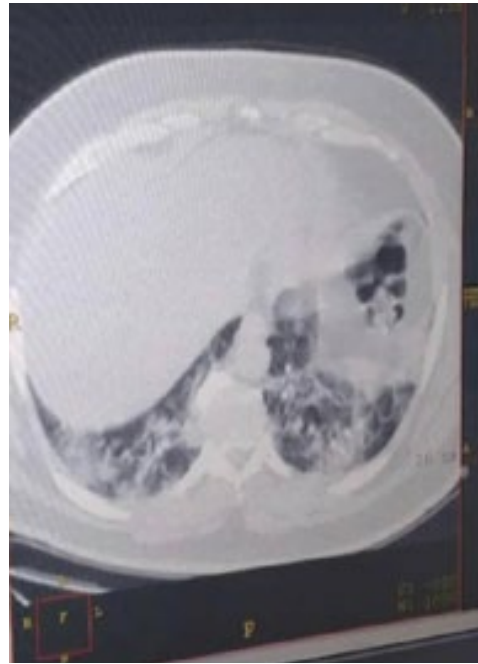
DR. PEDRO CHÁVEZ

(Military Surgeon. Mexico) retired from the army in 2005 with the rank of colonel.

The common denominator that unites us is to save lives. Yesterday I spoke with the medical director of a hospital in Bolivia because he needed advice on how to apply intravenous chlorine dioxide; a year ago it would have been practically impossible for a hospital internist to ask me how to apply CDI. We have therefore advanced in an impressive way, I have had to attend patients in ICUs (Intensive Care Units) in civilian hospitals where they were open to introduce chlorine dioxide. As for the number of people saved in Mexico, let's make an extrapolation: We are 200 doctors, we see COVID-19 patients every day; I in particular have treated 3000 patients successfully in one year. Dr. Manuel Aparicio has about 4000; in a low estimate, each of the 200 doctors has treated at least 500 patients a year, but above all what fills us with pleasure and satisfaction is the culture of chlorine dioxide that has spread throughout Latin America.

Last year (2020) I had a very difficult clinical case; a 42-year-old intubated patient; his treating physician no longer gave him any hope of life as he had 85% lung involvement and was only urinating 30 ml in eight hours with no response to conventional treatment. He was a 42-year-old male patient with a history of systemic arterial hypertension evolved over seven years, treated with antihypertensives, and diabetes mellitus treated with hypoglycemic agents, added to morbid obesity.

He started having symptoms on September 28th with arthralgias, headache andodynophagia; he went to the doctor who prescribed azithromycin and injectable ceftriaxone. When I spoke with the treating doctor he told me, "If you want to give him chlorine dioxide, give it to him because he is going to die anyway".



At 22:30 the doctor changed his mind and agreed to the administration of intravenous chlorine dioxide because he said that the patient was so serious, with such low oxygenation and renal damage (30ml of urine in eight hours) “that there is nothing left to lose”.



On Friday October 9th I was allowed to assist in the management of the patient and start at 1 o'clock on October 10th with the intravenous CDI protocol.

We started the application of intravenous chlorine dioxide diluted in 500 ml of physiological solution; it was administered continuously for six days; by the seventh day the patient had recovered his lung function by more than 85% and his oxygen saturation was above 90.

October 15 on the fifth day of intravenous administration of the CDI.

Favourable evolution of the patient

The left lung is 80% clear and the right lung is completely clear on October 28. CDI treatment was suspended on October 28th.

PCR was negative as of October 27th.



Pulmonary X-ray **BEFORE - AFTER**

He was successfully discharged from the hospital, miraculously recovering thanks to this great and wonderful substance. Because of his satisfactory evolution, he was discharged on November 6, 2020.

“The Golden liquid” as many call it: Chlorine Dioxide!

Thanks to my teacher Andreas Kalcker for his contribution to humanity.



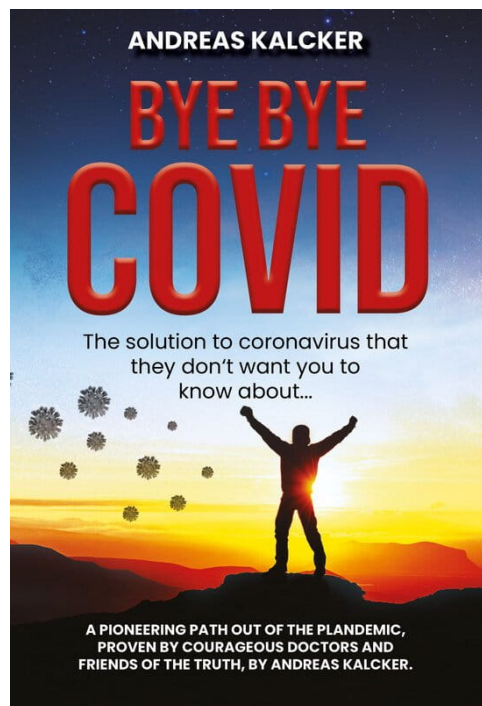
Andreas Ludwig Kalcker

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