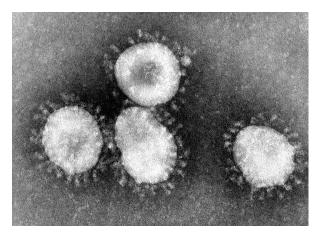
Chlorine Dioxide against Coronavirus: a revolutionary, simple and effective approach

March 2020 DOI: 10.13140/RG.2.2.23856.71680 License CC BY-NC-SA 4.0 Project: Toxicity study of chlorine dioxide in solution (CDS) ingested orally Andreas Ludwig Kalcker co. : Liechtensteiner Verein für Wissenschaft und Gesundheit LI-9491 Ruggel <u>www.lvwg.org</u> E-mail <u>alk@lvwg.org</u>

Chlorine dioxide (CIO2) has been used for over 100 years to combat all types of bacteria, viruses and fungi successfully. It acts as a disinfectant, since in its mode of action it turns out to be an oxidant. [1# BiologicalEfficacyList] It is very similar to the way our own body acts, for example in phagocytosis, where an oxidation process is used to eliminate all kinds of pathogens. Chlorine dioxide (CIO2) is a yellowish gas that, to date, has not been introduced into the conventional pharmacopoeia as an active ingredient, although it is used on a mandatory basis to disinfect and preserve blood bags for transfusions. [2# Alcide studies on blood disinfection] It is also used in most bottled waters suitable for consumption, since it does not leave toxic residues; besides, it is a gas that is very soluble in water and evaporates from 11 °C.



The recent Covid-19 coronavirus pandemic demands urgent solutions with new approaches. Therefore, chlorine dioxide (CIO2) in low-dose aqueous solution promises to be an ideal, rapid and effective solution. All too often, the solution is in the simplest of ways. The approach is as follows: on the one hand we know that viruses are absolutely sensitive to oxidation and on the other hand, if it works in human blood bags against viruses such as HIV and other pathogens, why would it not work organically against the coronavirus?

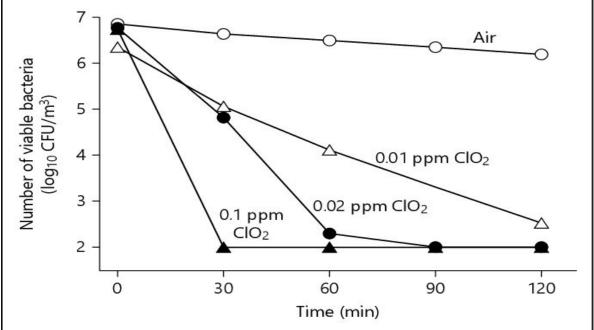
1. Chlorine dioxide removes viruses through the process of selective oxidation in a very short time. It does this by denaturing the capsid proteins, and then oxidizes the genetic material of the virus, disabling it.

The application of chlorine dioxide (CIO2) orally or even parenterally is a different approach that has been studied by Andreas Ludwig Kalcker for more than thirteen years with a result of three pharmaceutical patents for parenteral use. It can be produced by any pharmacy as an extemporaneous preparation and has been used in a similar form as (DAC N-055) in the old German Drug Codex as "Sodium Chlorosum" since 1990.

So far, only vaccine based solutions have been proposed, resulting in extremely slow and risky processes, as they always require sufficient energy reserves that a body affected with

the disease cannot provide. The great advantage of chlorine dioxide (CIO2) is that it works for any viral subspecies and there is no possible resistance to this type of oxidation (let's not forget that this substance has been used for 100 years in waste water without generating any resistance). [#3 Investigation on virucidal activity of chlorine dioxide] 2. There is already scientific evidence that chlorine dioxide is effective on coronavirus SARS-CoV-2, a base virus of COVID-19 [SARS Fact Sheet, National Agricultural Biosecurity Center, Kansas State University] and the Coronavirus family in general - [Chlorine Dioxide, Part 1 A Versatile, High-Value Sterilant for the Biopharmaceutical Industry, Barry Wintner, Anthony Contino, Gary O'Neill. BioProcess International DECEMBER 2005.] It has also been shown to be effective in human coronavirus [#4 BASF Aseptrol document] and in animals such as dogs, known as canine respiratory coronavirus, or cats, including the feline enteric coronavirus (FECV) and the better known feline infectious peritonitis virus (FIPV), since it denatures the capsules by oxidation inactivating the virus in a short time [2-log 4.2 / 4-log 25.1 Source USEPA 2003 WHO Guidelines for drinking water Quality].

Pharmacology. 2016;97(5-6):301-6. doi: 10.1159/000444503. Epub 2016 Mar 1. Inactivation of Airborne Bacteria and Viruses Using Extremely Low Concentrations of Chlorine Dioxide Gas.



It should be noted that chlorine dioxide for ingestion is a new antiviral approach because it is an oxidant and manages to eliminate any subspecies or variations of viruses by combustion. [6#CIO2 is a size selective biocide] Given the emergency situation in which we currently find ourselves with Covid-19, the oral use of CIO2 is considered immediately through a protocol already known and used.

3. Toxicity: The biggest problems with drugs in general are due to their toxicity and side effects.New studies show its feasibility.[7#New Clo2 safety evaluation 2017] Although the toxicity of chlorine dioxide is known for mass inhalation, there is not a single clinically proven death even at high doses from oral ingestion.[8#Controlled Clinical Evaluations of Clo2 in Man] The LD50 is considered to be 292 mg per kilogram for 14 days, where its equivalent

in a 50 kg adult would be 15,000 mg per two weeks of a gas dissolved in water (something almost impossible). *[9# toxicity of clo2 and clorite ions]* The sub toxic oral doses used are around 50 mg dissolved in 100 ml of water 10 times a day which is equivalent to 0.5 g per day. (and therefore only 1/30 of the above LD50 dose of 15 g ClO2 per day).

Chlorine dioxide dissociates, it decomposes in the human body in a few hours into an insignificant amount of common salt (NaCL) and oxygen(O2) within the human body. Measurements of venous blood gas have indicated that the affected patient's lung oxygenation capacity is substantially improved.

Ejemplo con Voluntaria y aplicación I.V. de 500 ml con 50 ppm de concentración

Patient-ID: ANNA Patient-ID: ANNA Datum en tijd: 31/12/16 13:56:22 Datum en tijd: 31/12/16 15:58:39 Resultaten: Gassen+ Resultaten: Gassen+ 7,271 Laag pH 7,420 pH 64,6 mmHg Hoog pC02 39,9 mnHg pC02 34,0 nnHg p02 Laag 57.8 nnHg Laag p02 29,7 mmol/L Hoog cHC03nno1/L 25.8 cHCD3-BE(ecf) 2,8 mmo1/L nno1/L BE(ecf) 1,4 55.2 x cS02 Laag x 90,1 Laag cS02 Resultaten: Chem+ Resultaten: Chem+ 143 mmol/L Na+ 141 mmo1/L Na+ 3,8 nno1/L K+ mmo1/L 4.1 K+ Ca++ 1,33 mmo1/L 1,24 mmo1/L Ca++ 102 mmo1/L C1-105 mmo1/L C1cTC02 31,7 mmol/L Hoog 27.1 mmo1/L cTCO2 38 Hct x 35 Hct 8 Laag 0.8 mmo1/L cHab cHab 7,3 mmol/L Laag BE(b) 1,3 mmol/L BE(b) 1,3 mmol/L Resultaten: Meta+ 88 Resultaten: Meta+ Glu mg/dL 3,59 90 Lac mmol/L Hoog Glu mg/dL Crea 91 0,74 umo1/L mmo1/L Lac Crea 108 umol/L Hoog Referent iebereiken pH 7.350 - 7.450 Referentiebereiken pC02 35.0 - 48.0 mmHg p02 83,0 - 108,0 mmHg p02 83,0 - 108,0 mmHg cS02 94,0 - 98,0 x CHC03-21,0 - 28,0 mmol/L Hct 38 - 51 x cS02 94,0 - 98,0 x cHgb 7,4 - 10,6 mmo1/L cTCD2 22,0 - 29,0 mmo1/L Crea 45 - 105 umo1/L Lac 0,56 - 1,39 mmol/L Type monster: Veneus Type monster: Veneus Hemodilutie: Nee Hemodilutie: Nee Leeftijd: 32 jaar Leeftijd: 32 jaar Geslacht: Vrouw Geslacht: Vrouw

Ejemplo con Voluntario y aplicación I.V. de 500 ml con 50 ppm de concentración

epoc BGEM bloedtest	epoc BGEM bloedtest
Patiënt-ID: Andrea	Patiënt-ID: Andr.2
Datum en tijd: 15/07/17 00:09:51	Datum en tijd: 15/07/17 01:16:59
Resultaten: Gassen+	Resultaten: Gassen+
pH 7,329 Laag	pH 7,404
pCO2 56,7 mmHg Hoog	pC02 42,0 mmHg
pO2 35,6 mmHg Laag	p02 40,0 mmHg Laag
cHCO3- 29,8 mmol/L Hoog	cHC03- 26,3 mmol/L
BE(ecf) 3,9 mmol/L Hoog	BE(ecf) 1,6 mmol/L
cSO2 62,5 % Laag	cS02 75,0 % Laag
Resultaten: Unem+	Resultaten: Chem+
Na+ 141 mmol/L	Na+ 143 mmol/L
K+ 3,6 mmol/L	K+ 3,4 mmol/L Laag
Ca++ 1,20 mmol/L	Ca++ 1,13 mmol/L Laag
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) 2,3 mmol/L	BE(b) 1,3 mmol/L
Resultaten: Meta+	Resultaten: 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
$\begin{array}{llllllllllllllllllllllllllllllllllll$	Referentiebereiken p02 83,0 - 108,0 mmHg cS02 94,0 - 98,0 % K+ 3,5 - 4,5 mmol/L Ca++ 1,15 - 1,33 mmol/L Crea 45 - 105 umol/L Type monster: Veneus
Crea 45 - 105 umol/L	Type monster: Veneus Hemodilutie: Nee Leeftijd: 57 jaar Geslacht: Man

Ejemplo con Voluntaria y aplicación I.V. de 250 ml con 50 ppm de concentración

Patiënt-ID: Ali1	Patiënt-ID: Ali2
Datum en tijd: 15/07/17 00:38:07	Datum en tijd: 15/07/17 01:03:37
Resultaten: Gassen+	Resultaten: Gassen+
pH 7,279 Laag	pH 7,377
pCO2 65,3 mmHg Hoog	pCO2 46,0 mmHg
pO2 23,2 mmHg Laag	pO2 30,0 mmHg Laag
cHCO3- 30,6 mmol/L Hoog	cHCO3- 27,0 mmol/L
BE(ecf) 3,8 mmol/L Hoog	BE(ecf) 1,9 mmol/L
cSO2 31,9 % Laag	cSO2 55,2 % Laag
Resultaten: Chem+	Resultaten: Chem+
Na+ 141 mmol/L	Na+ 142 mmol/L
K+ 3,7 mmol/L	K+ 3,6 mmol/L
Ca++ 1,24 mmol/L	Ca++ 1,18 mmol/L
Cl- 104 mmol/L	Cl- 106 mmol/L
cTCO2 32,6 mmol/L Hoog	cTCO2 28,4 mmol/L
Hct 45 %	Hct 39 %
cHgb 9,4 mmol/L	CHgb 8,3 mmol/L
BE(b) 1,8 mmol/L	BE(b) 1,3 mmol/L
Resultaten: Meta+	Resultaten: Meta+
Glu 86 mg/dL	Glu 99 mg/dL
Lac 3,26 mmol/L Hoog	Lac 1,20 mmol/L
Crea 95 umol/L	Crea 99 umol/L
Referentiebereiken pH 7,350 - 7,450 pCO2 35,0 - 48,0 mmHg pO2 83,0 - 108,0 mmHg cHCO3- 21,0 - 28,0 mmol/L BE(ecf) -2,0 - 3,0 mmol/L cSO2 94,0 - 98,0 % cTCO2 22,0 - 29,0 mmol/L Lac 0,56 - 1,39 mmol/L	Referentiebereiken pO2 83,0 - 108,0 mmHg cSO2 94,0 - 98,0 % Type monster: Veneus Hemodilutie: Nee Leeftijd: 54 jaar Geslacht: Man

WORKING MECHANISM OF CHLORINE DIOXIDE AGAINST VIRUSES

As a rule, most viruses behave similarly and once they bind to the appropriate host type - bacteria or cell, depending on the case - the nucleic acid component of the virus being

injected takes over after the protein synthesis processes of the infected cell. Certain segments of the viral nucleic acid are responsible for the replication of the genetic material in the capsid. In the presence of these nucleic acids, the CLO2 molecule becomes unstable and dissociates, releasing the resulting oxygen into the environment, which in turn helps to oxygenate the surrounding tissue by increasing mitochondrial activity and thus the immune system response.[6#CIO2 is a size selective biocide]

The nucleic acids, DNA-RNA, consist of a chain of puric and pyrimidine bases, see: guanine (G), cytosine (C), adenine (A) and thymine (T). It is the sequence of these four units along the chain that makes one segment different from another. The guanine base, which is found in both RNA and DNA, is very sensitive to oxidation, forming 8-oxoguanine as a byproduct of it. Therefore, when the CLO2 molecule comes into contact with guanine and oxidizes it and leads to the formation of 8-oxoguanine, thus blocking the replication of the viral nucleic acid by base pairing. Although replication of the protein capsid can continue; the formation of the fully functional virus is blocked by oxidation thanks to CLO2.

The CLO2 molecule presents characteristics that make it an ideal candidate for treatment in the clinical setting, as it is a product with a high power of selective oxidation and a great capacity to reduce acidosis, increasing oxygen in tissues and mitochondria, thus facilitating the rapid recovery of patients with lung diseases as shown in the data above..

POSSIBLE PRECAUTIONS AND CONTRAINDICATIONS

Chlorine dioxide reacts with antioxidants and various acids, so the use of **vitamin C** or ascorbic acid during treatment is **not recommended**, as it cancels out the effectiveness of chlorine dioxide in eliminating pathogens (the antioxidant effect of one prevents the selective oxidation of the other). Therefore, it is not recommended to take antioxidants during the days of treatment.

It has been shown that stomach acid does not affect their effectiveness. In the cases of patients with Warfarin treatment, they should constantly check the values to avoid cases of overdose, since it has been proven that chlorine dioxide improves blood flow.

Although chlorine dioxide is very soluble in water, it has the advantage that it does not hydrolyze, so it does not generate toxic carcinogenic THMs (trihalomethanes) like chlorine. It also does not cause genetic mutations or malformations.

A protocol has been developed whereby a solution of this compound can be taken orally and intravenously.

Legal basis for immediate application:

*The respective national legislation must be observed in any case, and in particular its provisions for use in the event of a national emergency

WORLD MEDICAL ASSOCIATION DECLARATION OF HELSINKI

Excerpt:

Ethical Principles for Medical Research Involving Human Subjects Adopted by the 18th WMA General Assembly, Helsinki, Finland, June 1964, and amended by the Committee

64th WMA General Assembly, Fortaleza, Brazil, October 2013

General principles

3. The Declaration of Geneva of the World Medical Association binds the physician to the formula "to look after the health of my patient first and foremost", and the International Code of Medical Ethics states that: "A physician shall consider the best interests of the patient in providing medical care.

4. It is the duty of physicians to promote and safeguard the health, well-being and rights of patients, including those involved in medical research. A physician's knowledge and conscience should be subordinate to the fulfillment of that duty.

5. Progress in medicine is based on research that must ultimately include studies in human beings.

.....

Unproven interventions in clinical practice

37. When proven interventions do not exist in the care of a patient or other known interventions have proven ineffective, the physician, after seeking expert advice, with the informed consent of the patient or a legally authorized representative, may be permitted to use unproven interventions if, in his or her judgment, this gives some hope of saving life, restoring health or alleviating suffering. Such interventions should be subsequently investigated to assess their safety and efficacy. In all cases, such new information should be recorded and, where appropriate, made available to the public.

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Pathogen Efficacy Listing (referenced)

Virus

Adenovirus Type 40 6 Calicivirus 42 **Canine Parvovirus 8** Coronavirus 3 Feline Calicivirus 3 Foot and Mouth disease 8 Hantavirus 8 Hepatitis A, B & C Virus 3,8 Human coronavirus 8 Human Immunodeficiency Virus 3 Human Rotavirus type 2 (HRV)15 Influenza A22 Minute Virus of Mouse (MVM-i)8 Mouse Hepatitis Virus spp.8 Mouse Parvovirus type 1 (MPV-1)8 Murine Parainfluenza Virus Type 1 (Sendai)8 Newcastle Disease Virus 8 Norwalk Virus 8 Poliovirus 20 Rotavirus 3 Severe Acute Respiratory Syndrome (SARS) coronavirus 43 Sialo Cryo Adenitis Virus 8 Simian rotavirus SA-1115 Theiler's Mouse Encephalomyelitis Virus 8 Vaccinia Virus 10

Bacteria

Blakeslea trispora 28 Bordetella bronchiseptica 8 Brucella suis 30 Burkholderia spp.36 Campylobacter jejuni 39 Clostridium botulinum 32 Clostridium difficile 44 Corynebacterium bovis 8 Coxiella burnetii (Q-fever) 35 E. coli spp .1,3,13 Erwinia carotovora (soft rot) 21 Francisella tularensis 30 Fusarium sambucinum (dry rot) 21 Helicobacter pylori 8 Helminthosporium solani (silver scurf) 21 Klebsiella pneumoniae 3 Lactobacillus spp .1,5 Legionella spp. 38,42 Leuconostoc spp.1,5 Listeria spp. 1,19 Methicillin-resistant Staphylococcus aureus 3 Mycobacterium spp.8,42 Pediococcus acidilactici PH31 Pseudomonas aeruginosa 3,8 Salmonella spp.1,2,4,8,13 Shigella 38 Staphylococcus spp.1,23 **Tuberculosis 3** Vancomycin-resistant Enterococcus faecalis 3 Vibrio spp.37 Multi-Drug Resistant Salmonella typhimurium 3 Yersinia spp.30,31,40

Bacterial Spores

Alicyclobacillus acidoterrestris 17 Bacillus spp.10,11,12,14,30,31 Clostridium. sporogenes ATCC 1940412 Geobacillus stearothermophilus spp.11,31 Bacillus thuringiensis 18 OTHER Beta Lactams 29 Amplicons 46 Volatile organic compounds (VOCs)47 PROTOZOA Chironomid larvae 27 Cryptosporidium 34 Cryptosporidium parvum Oocysts 9 Cyclospora cayetanensis Oocysts 41 Giardia 34 Alternaria alternata 26 Aspergillus spp.12,28 Botrytis species 3 Candida spp.5, 28 Chaetomium globosum 7 Cladosporium cladosporioides 7 Debaryomyces etchellsii 28

Eurotium spp.5 Fusarium solani 3 Lodderomyces elongisporus28 Mucor spp.28 Penicillium spp.3,5,7,28 Phormidium boneri3 Pichia pastoris 3 Poitrasia circinans 28 Rhizopus oryzae 28 Roridin A33 Saccharomyces cerevisiae 3 Stachybotrys chartarum 7 Verrucaria A 33 Biofilms 4 5

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