HOW CHLORINE DIOXIDE DISABLES SARS CoV2

In 2020, COVID 19 began to appear. There were no vaccines and only poor therapeutics to control inflammation or had been used earlier on other viruses. One therapeutic, remdesivir that had been used to treat other viruses, was used, even though it had been shown to create kidney problems in the Journal of Science. In the USA, there was a call for anyone who had ideas and /or ways to treat COVID, to come to the head of the line for a fast track at the US Patent and Trademark Office. I did. In less than a year I was awarded a patent for treating and attenuating Coronavirus diseases and for disabling and treating the SARS CoV-2 virus and its variants.

In April 2019, I took a leave of absence from my dental practice. A month later I contracted COVID 19. Since the viruses' purpose was to try and kill me, I figured "Turnabout is fair play." Therefore, I began to research and read all I could find about COVID 19**. I learned that COVID 19 was caused by a coronavirus. That family of viruses is also responsible for the common cold. I had been using molecular chlorine dioxide (CL02) to prevent the common cold for decades. Therefore, I knew there was a way to disable and attenuate the SARS Cov-2 virus that caused COVID 19.**

I started experimenting with my mouthwash, which I received a patent on back in 2001. The patent was on a method for making molecular chlorine dioxide. CLO2 is the active ingredient for whitening, as done in pulp and papermills, and for removing biofilm, as used in commercial cooling towers. CL02 has some very special properties. It is a gas which is dissolved in water. **It is a non-changed molecule and can float into and through biofilm and into and through virus membranes.** The virus is 666 times bigger than CLO2, so CLO2 easily floats through the virus and disables it.

It denatures six different amino acids (AAs) - the building blocks of protein. In order of how quickly the AAs react, from quick to less quick, they are cysteine, tyrosine, tryptophan, histidine, hydroxyproline, and proline. Fortunately, the first three AAs are numerous in SARS CoV-2's spike protein. There are 106 of them. CLO2 reacts with those very rapidly. The spike is much thicker at its end. That is what makes the virus look like it has a corona or crown around it, which can readily be seen in an electron microscope. **There, the virus appears as a "golf ball" with "golf tees" coming out of it.** CLO2 denatures the spike (those golf tees) causing the SARS CoV2 virus to lose the structure in its spikes. Therefore, the virus cannot attach to human cells, and transmit the viral envelope's (golf ball's) nasty contents which causes COVID 19.

It is the top half of the spike that does most of the mutating. That is the portion that vaccines look for and recognize as a foreign body. At first, the top half of the spike looked like golf tees, then balloons, then black berries among other things. Furthermore, between those spikes, variants now have developed a polysaccharide, which is something like mashed potatoes filling in between the spikes. All of this leads to camouflaging the virus. Thus, only the tops of the spike can be seen. That camouflage makes it immune to earlier vaccines trained to look for those spiked golf ball tees, that have now been changed and hidden.

The virus makes two long polypeptides during its replication, which in turn require eleven snips/cuts, to make twelve proteins. The AA cysteine is most critical for snipping at the proper places within the poly peptides as well as for supporting the structure of the spike. That makes cysteine doubly important for

the virus, and without it the virus is disabled – its spike transmission tube is collapsed. **The virus is particularly sensitive to CLO2 because it has so many cysteine AAs, and they react with CLO2 in a fraction of a second.**

Different variants of the virus like different places in the upper or lower respiratory tracks. Some of that is because of the various temperatures in different environments. Earlier viruses liked to live in the sinuses**. Later variants, such as the Omicron, and its subvariants like to live in the parotid salivary gland and the tonsillar pillar area at the back of the throat. Because of this I added an oral mouth rinse to my original nasal drops to cover those variants.**

Now it's important to have a safe therapeutic that one can use as a preventative, if one is around one who has COVID-19. It is also important to be able to retreat if COVID comes back after treatment. That is not possible with Paxlovid TM. It is not for prevention or retreatment. In its own medical literature, it states that. Paxlovid TM can be harmful to a patient's liver and is one of the reasons why it can't be used as a preventative or for retreatment**. In Clinical Infectious Diseases, an Oxford University Press Journal, 14.2 % tested positive again days after testing negative and 18.9% had a symptom rebound after using Paxlovid!**

My CLO2 therapy does not take out proteins, only six different amino acids of the twenty that humans have. Those six AAs are much more numerous in humans. Also, human cells are multicellular and produce protective small molecular thiols like glutathione. Thiols are organic compounds that contain the highly reactive -SH group, that the AA cysteine has. Viruses don't have protective thiols because they have no metabolism. The thiol groups in its spike, which comes from cysteine, are sacrificed, changing the spike's structure, disabling the SARS Cov2 virus. **So, humans are not hurt, but viruses lose their ability to attach to human cells, and to facilitate successful viral entry. As far as safety goes, the reaction products from using CLO2 are oxygen, water, and common table salt – hardly toxic to humans!**

The kit ships via USPS ground for **FREE.** Always keep a kit at home to have it handy, just in case you have come into contact with someone who two days earlier seemed fine, but was then diagnosed with COVID.