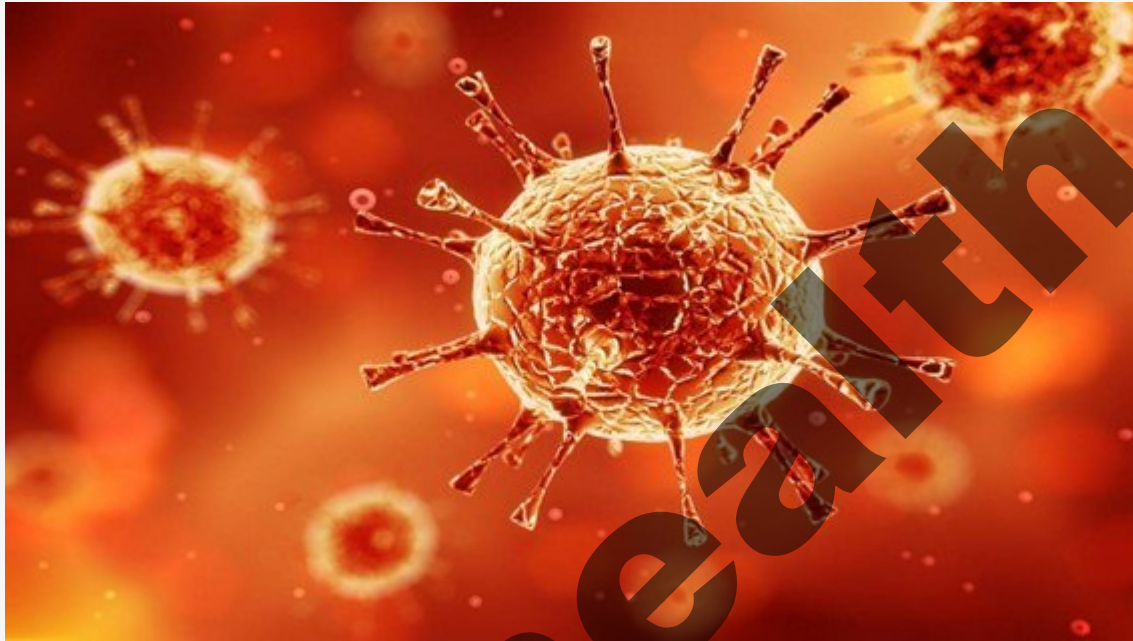


# Chlorine Dioxide, Bicarbonate, and Iodine in the Age of Pharmaceutical Resistant Infections

Read time: 8 minutes

Dr Sircus



## Chlorine Dioxide, Bicarbonate, and Iodine in the Age of Pharmaceutical Resistant Infections

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When dealing with antibiotic and anti-fungal resistant infections, one wants all the insurance possible to ensure favorable treatment outcomes. Unfortunately, infectious diseases spread quickly from patient to patient when you crowd sick people together. As a result, we see hospital-acquired infections in almost every hospital. Not all of them are antibiotic-resistant yet, but antibiotics, in the long run, have proved to be not such a good idea. First, they saved a lot of people, but now they have bred a whole army of pathogens resistant to all antibiotics and anti-fungals. The gain of function (man-made) viruses and experimental genetic vaccines are the biggest threat on the viral side.

*The CDC announced in 2019 that “antibiotic-resistant bacteria and fungi cause more than 2.8 million*

*infections and 35,000 deaths in the United States each year.*

The [New York Times](#) has a distressing report on the epidemic of antibiotic-resistant “superbugs” killing newborns by the tens of thousands in India. “Infants are born with bacterial infections that are resistant to most known antibiotics, and more than [58,000](#) died last year; as a result, a study found. “Five years ago, we seldom saw these kinds of infections,” said Dr. Neelam Kler, chairperson of the neonatology department at New Delhi’s Sir Ganga Ram Hospital, one of India’s most prestigious private hospitals. “Now, **close to 100 percent of the babies referred to us have multidrug-resistant infections. It’s scary.**”

These babies are part of a disquieting outbreak. A growing chorus of researchers says the evidence is now overwhelming that a significant share of the bacteria present in India — in its water, sewage, animals, soil, and even its mothers — are immune to nearly all antibiotics.

The chief medical officer of the United Kingdom, Dame Sally Davies—who calls antibiotic resistance as serious a threat as terrorism—recently [published a book](#) titled *Drugs Don’t Work*, where she describes **a world where the infection is so dangerous that anyone with even minor symptoms would be locked in confinement until they recover or die.**

[Salon Magazine](#) published, “Over 95 percent of physicians are concerned about antibiotic resistance, a [Consumer Reports poll found](#). And they have good reason to. Called [a global threat](#) by the World Health Organization and “[the next pandemic](#)” by CDC ex-director Thomas Frieden, antibiotic resistance threatens their ability to do their jobs. Imagine being a doctor and telling a patient with a common but serious disease, like pneumonia, a urinary tract infection, or gonorrhea, that **there’s nothing you can do to help them.**”

Anyone in medicine with half a brain knows that chlorine dioxide would do the job, just like it does in water treatment plants worldwide. Public water treatment professionals are not stupid—they love chlorine dioxide for its broadband ability to take out all classes of pathogens while leaving a toxic trail so slim you would need the Hubble telescope to see it.

It is not the job of this chapter to detail the mechanisms of these natural ([bicarbonates](#) and [iodine](#)) and semi-natural medicines ([chlorine dioxide](#)). However, here we will lay out the dire need for them. We are almost at the point where the future of humanity and, indeed, the safety of hospitals will depend on them. Today, even with antibiotics, simple cuts and scratches can escalate dramatically.



Source: Thinkstock

Alarm bells are ringing around the world. The [mainstream media](#) reports it like this: **“The rise of the superbug is happening right now — and our last defense has just begun to collapse. The world is on the brink of an antibiotic apocalypse.** A new dark age of medicine looms. The world of our great-grandparents may be about to return. It’s a world where one in every 200 mothers dies after childbirth because of infection. It’s a world where one in nine people who suffered an infected cut or scraped sickened and died. But that’s not all. Got a sore throat? It could lead to a heart attack. What about a funny tummy? Dehydration. Then death.”

It will get that bad because the medical-industrial complex will resist life-saving chlorine dioxide, iodine, and sodium bicarbonate.

### Bad Medical Karma

Recently [researchers](#) from several Chinese, British, and U.S. universities [announced in the journal \*Lancet Infectious Diseases\*](#) that they have identified a new form of resistance to the very last-ditch

drug colistin—and that it is present in both meat animals and people, which probably comes from agricultural use of that drug, can move quickly among bacteria, and may already be spreading across borders. [Danish researchers](#) fear the untreatable superbug is now firmly embedded in Europe.

Colistin, medicine's last-line antibiotic, is crumbling. It is being defeated. The [New Scientist](#) writes, "The last drug has fallen. Bacteria carrying a gene that allows them to resist polymyxins, the antibiotics of last resort for some kinds of infection, have been found in Denmark and China, prompting a global search for the gene. The discovery means that gram-negative bacteria, which cause common gut, urinary, and blood infections in humans, can now become "pan-resistant," with genes that defeat all available antibiotics."

Despite their dangers, fluoroquinolones are the most commonly prescribed class of antibiotics in the United States. No other antibiotic carries as high a potential to cause serious, permanent injuries and even death as the fluoroquinolones do.

### Fungal Enemies

Before COVID, a hushed panic played out in hospitals worldwide as a deadly fungus spread, killing many people. Individual institutions, national, state, and local governments were reluctant to publicize outbreaks of this drug-resistant infection, arguing there is no point in scaring patients — or prospective ones, meaning they do not want to scare patients away from going to hospitals.

[Dr. Johanna Rhodes, an infectious disease expert at Imperial College London, said, "We are driving this with anti-fungicides on crops, and we have no idea where it's coming from. We've never heard of it. It's just spread like wildfire."](#)



According to the [New York Times](#), the over-prescription of antimicrobial drugs had also laid the groundwork for this relatively new germ that preys on people with weakened immune systems. According to the CDC, the infection – a fungus known as *Candida Auris* kills almost half of all patients who contract it within 90 days – as it's impervious to most major anti-fungal medications. First described in 2009 after a 70-year-old Japanese woman showed up at a Tokyo hospital with *C. Auris* in her ear canal, the aggressive yeast infection had spread across Asia and Europe – arriving in the U.S. by 2016.

Simply put, fungi are evolving defenses to resist and survive modern medications. “It’s an enormous problem,” said Imperial College of London fungal epidemiology professor Matthew Fisher, who co-authored [a scientific review](#) on the rise of resistant fungi. “We depend on being able to treat those patients with anti-fungal medications” that no longer work for this infection.

*Science Daily* said, “Infectious diseases are the world’s number-one cause of death, with pathogenic fungi responsible for hazardous infections. Worldwide, more than €6 billion are spent each year on anti-fungal medications. The total costs of the medical treatment of infectious diseases caused by pathogenic fungi are estimated in the order of hundreds of billions of Euros.”

Five hundred doctors were polled, with 85% saying they’d treated a patient with a confirmed or suspected antibiotic-resistant infection; 35% saw their patient suffer serious complications or die. That is why we need chlorine dioxide, iodine, and bicarbonates. We need safe interventions, but that is the last thing the FDA or CDC will advocate for.

Dr. Brad Spellberg of UCLA’s David Geffen School of Medicine wrote, ‘[Rising Plague: The Global Threat from Deadly Bacteria and Our Dwindling Arsenal to Fight Them](#),’ which is about medical frustrations and anger that come with the ineffectiveness of antibiotics. “Sitting with a family, trying to explain that you have nothing left to treat their dying relative—that leaves an indelible mark on you,” he says. “This is not cancer; it’s an infectious disease, treatable for decades.” And still treatable today if you employ chlorine dioxide, iodine, and bicarbonates.

[Professor Timothy Walsh](#) of the University of Cardiff told BBC News that the discovery of MCR-1 means that **the use of antibiotics will soon become obsolete**. “If MRC-1 becomes global, which is a case of when not if, and the gene aligns itself with other antibiotic resistance genes, which is inevitable, then we will have very likely reached the start of the post-antibiotic era,” he said. “At that point, if a patient is seriously ill, say with *E. Coli*, then there is virtually nothing you can do.”



[David Cameron](#) 2014 “Vowed Britain will lead a global fightback against antibiotic-resistant superbugs.” But unfortunately, the mainstream did nothing, and the FDA and all health authorities would rather you die than take chlorine dioxide.

## Chlorine Dioxide

Chlorine dioxide (ClO<sub>2</sub>) can destroy (through oxidation) disease-causing microorganisms that may be on or in the human body while doing no harm to the body. Furthermore, because of the chemical nature of chlorine dioxide, it destroys these microorganisms in such a manner that it is also killed at the same time, leaving behind only a few grains of plain table salt, discharged oxygen atoms, and dead microorganisms, which the body can wash out of the system.

Chlorine dioxide does a slam dunk on all classifications of pathogens, as every water purification expert knows. [Iodine at high dosages](#) does the same. Campers use both to wipe out all classes of infectious agents from untreated water, and bicarbonates pull the rug out from under infections because most of them are [pH-sensitive](#).

Dr. George Georgiou has published in the Journal of Bacteriology & Mycology that **chlorine dioxide effectively eradicated MRSA**. It came out ahead of all **other natural substances tested**. Chlorine dioxide used in vitro was the main focus of this research. He is also about to publish his success with Lyme disease, with the very stubborn bacteria *Borrelia*, which forms biofilms to protect itself. Chlorine dioxide shreds biofilms to pieces.

## Viral Nightmare



The official story on viral medications goes something like this. “Various drugs are available to treat viral infections. Although these drugs may not eliminate an infection, they are often effective in reducing its severity. Many viral illnesses are mild and clear up without treatment because healthy people can usually fight off infection quickly. Sometimes, antiviral drugs help to relieve symptoms and hasten recovery. However, because viruses invade body cells to multiply, antiviral drugs can damage body cells and **the targeted viruses**. Their use is therefore usually limited to treating severe or recurrent infections.”

Chlorine dioxide does not damage body cells, not at all. And neither do iodine and bicarbonates, which are perfectly safe medicines. But unfortunately, virology is on a long slippery slope of deception and pharmaceutical terrorism. The hallmark of this medical field is a fascist obsession with vaccines and antiviral drugs that do more harm than help. When it comes to COVID, anything is better than the genetic vaccines and drugs like remdesivir used against this gain of function virus.

## Cancer Course

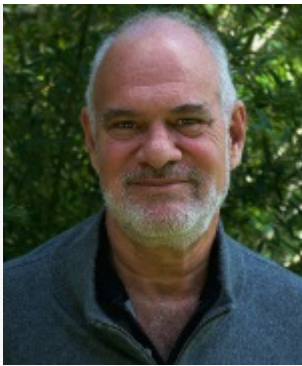
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