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The Rt Hon Jeremy Hunt MP
Health and Social Care Committee
House of Commons
London
SW1A 0AA

23 March 2021

Dear Mr Hunt

The UK should investigate the claim that Chlorine Dioxide in Solution (CDS) offers prophylactic and early treatment for viral infections, such as Covid-19

Mr Toby Perkins MP for Chesterfield kindly wrote to you on 18 Feb 2021 on my behalf regarding the above (His Ref: CW/TP27315).

I believe that there should be a proper UK investigation into the potential benefits and risks of CDS as an antiviral treatment. My reasons for suggesting this are given in the following summary. Supplementary information and references are attached.

1. The UK was regularly listed at the top of the WHO COVID-19 dashboard among the countries with the **highest daily deaths** for week after week well into 2021. This was partly because of the WHO/NICE advice against the use of other safe substances as prophylactic and early outpatient treatments for COVID-19. During lockdowns, infected people were asked to self-isolate at home until they were unable to breathe and became sick enough to require intensive care in hospitals. There were no prophylactics or early treatments, except palliative care for the elderly and other vulnerable people. Not surprisingly, many died.
2. In the meantime, dedicated physicians in the US and other countries lobbied governments to hold Inquiries and **remove restrictions** on the use of early treatments including off-patent antimalarial drugs, which they claimed were saving lives. For example:
 - **Senator Ron Johnson** wrote to the Director of the US National Institutes of Health (NIH) in December 2020 asking for reviews of the basic sciences and epidemiologic studies; and, an update of the treatment guidelines accordingly to include early outpatient treatments. He listed those which had been found to be safe and effective against COVID-19 by preventing the onset of cytokine storms. The [NIH](#) has now recommended that ... *well-conducted clinical trials are needed to provide more specific, evidence-based guidance on the role of Ivermectin in the treatment of COVID-19*".

I believe that the UK should promote similar clinical trials on CDS.

- When COVID-19 deaths spiked in Bolivia, the Senate in **Cochabamba legalised the use of Chlorine Dioxide** under medical supervision as a prophylactic and early treatment for COVID in July 2020. The subsequent dramatic reduction in the in the number of COVID-19 deaths from September 2020, led to the Bolivian government introducing similar legislation in October 2020. When I checked in in January and February 2021, the US Embassy in Bolivia stated that there was **no national lockdown or curfews**, international air and local transport were operational and the children were back at school. Despite this, the **number of deaths has remained low**.

- COMUSAV (a coalition with more than 3000 doctors in 21 countries) claims that the reduction in deaths is due to **early treatment with CDS** and that it has identified **safe therapeutic doses of CDS and protocols** for successful treatment of COVID-19 patients. Although governments of neighbouring countries are still adhering to WHO Guidelines and warnings, people started to self-medicate with CDS or were treated by COMUSAV doctors under the **Helsinki Declaration**. Other countries, like Ecuador, also had a similar pattern of **a spike in deaths followed by a dramatic decline, which has been sustained well into 2021**. The 7-day death data on the WHO dashboard, when standardised against the total population, showed that the UK had three times as many deaths as in Bolivia and almost ten times that in Ecuador when checked (Table 1 in attached supplement). Scientific research is needed to rule out the hypothesis that treatment with CDS is a contributing factor to their low COVID deaths to justify the continued rejection of COMUSAV's claims.
3. When Americans started to self-medicate with CDS, the **FDA published repeated warnings**, which have been widely recited by others. My research suggests that in its hasty attempt to discredit CDS, **the FDA has undermined its own credibility** in this case. It equated CDS (ClO₂) with MMS and with bleach (NaClO). Even when President Trump, who called it a disinfectant, was falsely accused of telling people to drink bleach by the mainstream media and even by the then presidential candidate Joe Biden, the FDA did not correct its misrepresentation of scientific facts.

It declared that *the FDA is not aware of any research showing that these products are safe or effective* when it should have known of research conducted under the auspices of the US EPA on the safety of CDS ingestion, which led to several publications including by the EPA itself in the early 1980s. The double-blind clinical trial had found ClO₂ to be safe even at 24 mg/l per day, which is well above the maximum of 0.8 mg/l for potable water. Instead, the FDA reinforced its warnings of possible adverse reactions to CDS ingestion with anecdotal hearsay evidence. As with vaccines and their side effects, benefits have to be weighed against the risks. The fact remains that the CDS-using countries have reported lower death rates pro rata than the UK with its more stringent public health measures and NHS health infrastructure.

However, the **FDA is right to warn against the dangers of self-medication**, given the scope for miscalculation of dosage, possible contraindications and side effects – which are issues with all medication. Bolivia legalised the use of CDS only under medical supervision and with informed patient consent and COMUSAV marshalled an army of doctors to ensure safe use and to document clinical outcomes. COMUSAV regularly holds online conferences mainly in Spanish to share case histories, knowledge and experience. In the one conference in English, a case study shows how the CDS treatment outcomes were clinically monitored with a series of images of oximeter readings and chest CT-scans and other clinical markers.

4. There have been recent **publications** in peer-reviewed medical journals on the antiviral properties of CDS. There have also been a number of Chinese, US and worldwide **patents** granted for the external AND internal use of CDS in disease prevention and treatment. These include a Chinese patent granted in 2014 for preparing pure CDS for **intravenous treatment of known or unknown malicious virus-infected persons**.

I am therefore baffled that SAGE and the UK Ministry of Health and Social Care were content to just enforce emergency lockdown and public health measures while waiting for R&D and availability of vaccines. The vaccines are not 100% effective and not suitable for everyone. Several governments have suspended vaccination because of hitherto clinically unexplained side effects and deaths following vaccination.

Even with daily bulletins of a large number suffering and dying with COVID-19, there was no desire to investigate early treatments being used in the US, Latin America and other parts of the world, like India. The large-scale Oxford Recover Trial only focused on drugs for hospitalised patients. As Professors Peter Horby and Martin Landray have pointed out, when there are massive disagreements over treatments, the

only way to resolve it is through proper trials. They also pointed out that the conventional well-designed randomised trials are inappropriate during a pandemic caused by new viruses since they cannot deliver timely guidance.

The UK government has a duty to explore ALL promising treatment options to save patients, businesses and the UK economy. It should not rely on a vaccine-based strategy alone for coping with this and future pandemics when physicians elsewhere are claiming that there are other life-saving options and seem to be going to extraordinary lengths to TRY and save lives. The WHO time series curves for deaths seem to correlate with CDS treatment – but correlations do not imply causation. I therefore submit that the UK should instigate its own scientific investigation of the claim that CDS offers a prophylactic and early treatment for viral infections, such as Covid-19.

Yours sincerely
Mrs XXXX