Hydrogen Peroxide (H2O2) IV Protocol

Prepare 0.15% Hydrogen Peroxide Solution

1,000mL: 100mL of 50% dextrose - 900mL of sterile water - 4.30mL of 35% H2O2 750mL: 75mL of 50% dextrose - 675mL of sterile water - 3.23mL of 35% H2O2 500mL: 50mL of 50% dextrose - 450mL of sterile water - 2.15mL of 35% H2O2 25mL of 50% dextrose - 225mL of sterile water - 1.07mL of 35% H2O2

Baxter & MedSource IV Kit: 10 drops/mL (40 drops/minute *maximum*) Excel IV Kit: 15 drops/mL (60 drops/minute *maximum*)

- 1. Put on clean gloves, an N95 mask, safety glasses 35% H2O2 burns skin!
- 2. Wipe down the sterile water and 50% dextrose bottles along with your gloves with alcohol.
- 3. Use a large sterile syringe and a large needle to draw out the required amount of 50% dextrose. Then remove the dextrose rubber cap, empty the bottle and inject the required dextrose into the bottle alternatively pour out excess dextrose until at the required height.
- 4. Replace the large needle with a new sterile needle.
- 5. Draw out the required amount of sterile water and inject it into the dextrose bottle alternatively pour sterile water into bottle to the required height.
- 6. Using a small sterile syringe, draw out the required H2O2 and inject it into the dextrose bottle a 5cc syringe is accurate enough *be very careful*.
- 7. Press fit a sterile silicone stopper with a 5mm hole into the dextrose bottle.
- 8. Insert the tip of the IV kit drip chamber into the silicone stopper.
- 9. <u>Gently mix the solution</u> then set a tubing clamp right below the drip chamber and tighten/close the roller clamp wheel. Pray over the water to restructure the molecules see Dr. Masaru Emoto.
- 10. Invert the dextrose bottle and repeatedly squeeze the drip chamber to fill it about one-half of the way priming the drip chamber allows for flow regulation.
- 11. Carefully pierce the dextrose bottle with a sterile knife above the solution level to allow in air.
- 12. Hang the bottle about 48" above the appendage then remove the tubing clamp and open the roller wheel clamp to purge the line of air small 1/4" bubbles are not harmful.
- 13. After flushing the tubing of air, set the tubing clamp just before the end of the tubing.
- 14. Cap the tubing.

Note: A few mL differences in dextrose or sterile water don't matter. The amount of H2O2 is *critical*. Volume Markings: 25mL=11mm, 50mL=17mm, 250mL=65mm, 500mL=118mm

IV Procedure

- 1. Attach 6" extension tubing to a saline syringe, flush the line, and reinstall the cap.
- 2. Insert needle with catheter at about 30 degrees hold catheter and needle together.
- 3. Place a towel under appendage as there will be some blood lose.
- 4. Slide catheter off needle into vein if it won't slide, insert needle a bit more.
- 5. *Important*: After catheter insertion, apply pressure 2" above injection site to stop blood flow.
- 6. Remove the needle leaving the catheter in place.
- 7. Flush catheter with saline using saline syringe attached to 6" saline lock extension tubing.
- 8. *Important*: If site puffs up or burns, catheter is not in the vein.
- 9. Clamp extension tubing, remove saline syringe and cap the tubing.
- 10. With tape upward, slide under catheter up to site, wrap ends around wings, then tape to body.
- 11. Apply more tape over catheter, apply a Tegaderm dressing, and tape down the extension tubing.
- 12. Apply pressure 2" above the catheter to limit blood lose during tubing connection.
- 13. Connect the IV bag tubing to the extension tubing and remove tubing clamps.
- 14. Set the flow rate. *Do not exceed 4mL/min* for adults. Children get lower flow rate.
- 15. Take a binder like charcoal to mope up dead toxic microbes.

Note: In a pinch, connect the drip tubing directly to a catheter foregoing the extension and line flush.



1. IV Cannula With Injection Port & Wings (20 or 22 gauge)
https://www.ebay.com/itm/VENFLON-IV-CANNULA-WITH-INJECTION-PORT-WINGS-14q-18q-20q-22q-24q-26q/223478068506

2. IV Extension Sets 6" Inch

https://www.ebay.com/itm/1-Case-IV-Extension-Sets-6-Inch-100-sets-Dynarex-7060-Freaky-Fast-Shipping/202296823180

3. 3m Tegaderm Transparent Film Dressing 2.375" x 2.75" https://www.ebay.com/itm/3m-Tegaderm-Transparent-Film-Dressing-2-375-x-2-75-20-pk-1624W-exp-2022/193327836633

 15-19mm Drilled Silicone Stopper Plugs <u>https://www.amazon.com/gp/product/B07Z9RLSZK/ref=ppx_yo_dt_b_asin_title_o01_s01?</u> <u>ie=UTF8&psc=1</u>

5. 500 mL Dextrose 50% https://www.fleetfarm.com/detail/500-ml-dextrose-50-/000000003442

 Stainless Steel Needle 14 gauge https://www.fleetfarm.com/detail/ideal-premium-stainless-steel-needle-3pk/000000268936

https://www.ebay.com/itm/2-New-1000cc-Bottles-Sterile-Water-for-Irrigation-1000Ml-1000ml-2000ml/202717851133

8. 0.9% Sodium Chloride Posiflush Syringe https://www.amazon.com/Tube-4ML-13x75-Plastic-boxes/dp/B076QKQ6BW/

9. 100ml Plastic Syringe Large Thumb Grip Syringe https://www.ebay.com/itm/10-Pack-100ml-Plastic-Syringe-Large-Thumb-Grip-Syringe-100cc/401776617643

10. 1cc/1mL Luer Lock Syringe https://www.ebay.com/itm/Easy-Glide-1cc-1mL-Luer-Lock-Syringe-No-Needle-Box-of-100-Sterile-Sealed-Packs/272884820778

11. Certified 35% Food Grade Hydrogen Peroxide http://www.purehealthdiscounts.net/h2o2.htm

12. Rubber gloves - N95 mask - Tape

7. 1000cc Bottle - Sterile Water

Links

• Intravenous Hydrogen Peroxide Therapy (IV H2O2) https://www.medical-library.net/intravenous-hydrogen-peroxide-therapy-iv-h2o2/

 1986 Dr. Charles H. Farr M.D., PhD http://www.foodgrade-hydrogenperoxide.com/id43.html

 Hydrogen Peroxide Therapy http://rexresearch.com/peroxide/echo.htm

• Influenzal Pneumonia: The Intravenous Injection of Hydrogen Peroxide http://www.foodgrade-hydrogenperoxide.com/id42.html















Dr. Charles H. Farr M.D., PhD H2O2 IV Administration Notes

To prepare the IV (intravenous) solutions, Dr. Farr began with 30% pure H2O2 – this is a powerful oxidizer and should be handled with extreme caution. They diluted 30% solution with equal amounts of sterile distilled water to make a 15% stock solution. The stock solution was passed through a Millipore 0.22mm medium flow filter for sterilization and removal of particulate matter. The stock solution was stored in 100 ml sterile containers and kept refrigerated for future use.

His infusion solutions were then prepared using sterile 5% dextrose in water or normal saline – typically with 5% dextrose. They added 1 ml of the 15% H2O2 solution to 100 ml of the carrier solution to produce a 0.15% concentration for the intravenous infusions.

Dr. Farr's research demonstrated that hydrogen peroxide stimulates oxidative enzymes which increases the metabolic rate. Intravenous use rapidly relieved allergenic reactions, influenzal symptoms, chronic systemic candidiasis, acute viral reactions as a result of the oxidation of antigenic substances and regulation of immune system functions.

Important: A 0.15% solution of H2O2 infused at the rate of 4mL per minute, assuming a flood flow rate of 100 mL per minute, will give a 0.006 volumes percent blood concentration. Concentrations above 0.01 volumes percent cause bubble formation and are detrimental to capillary circulation. If the mixture is doubled to 0.3%, it will effectively increase the oxygen produced from 1.9mL to 7.0mL per 100mL of blood. This would produce a concentration of 0.012 volumes percent, exceeding the 0.01 volumes percent found to cause bubble formation and capillary damage. Continuous infusions of 0.01 volume percent may lead to *irreversible pulmonary damage and arterial embolism*.

Inportant: Never add anything to the H2O2 solution because of its tremendous oxidizing power. This includes ascorbic acid, vitamins, minerals, peptides, enzymes, amino acids, heparin, EDTA, or other injectable materials. USP food grade or cosmetic grade H2O2 *should not be used* as they contain tin and phosphate to stabilize the H2O2 molecule.

Warning: H2O2 injections can cause localized inflammation of the vein (phlebitis). This can be eliminated by first inject 2,500 IU of heparin just before the H2O2. If there is a burning or stinging sensation, slow the drip rate.

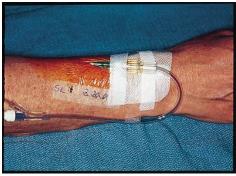
Dosage

- A 0.15% solution of H2O2 is infused at the rate of 4mL per minute <u>do not exceed</u>.
- Add 4.3mL of 35% H2O2 to a 1 liter IV bag to make 0.15% concentration.
- Add 100mL of 50% dextrose and 900mL of sterile water to make 5% dextrose IV bag.
- Add 50mL of 50% dextrose and 450mL of sterile water to make 5% dextrose IV bag.
- Add 25mL of 50% dextrose and 200mL of sterile water to make 5% dextrose IV bag.
- Dr. Farr tested some subjects by giving 500mL of 0.15% H2O2 for 6 consecutive days.
- Dr. Farr treated patient during a stroke with 250mL of 0.15% H2O2 with success.
- Dr. Farr treated two patients with daily IV infusions four days a week for 6 weeks.
- Dr. Farr treated patient with gangrene daily with 250Ml of 0.15% H2O2 for 10 days.
- Dr. Farr treated patient with headaches once weekly with 250mL of 0.15% H2O2 for 4 weeks.
- Dr. Farr treated patient with influenzal syndrome with 250mL of 0.15% H2O2 the first day followed by 500mL the second day to resolve symptoms of fever, couch, fatigue, etc.
- Dr. Farr treated patient with candidasis with 250mL of 0.15% H2O2 weekly for 2 months.
- Doctors sometimes give 2-4 times the standard dose (250mL appears to be standard).
- H2O2 was sometimes followed with an EDTA IV but not on the same day done separately.
- Percent Concentration Calculator: https://www.calkoo.com/en/solution-dilution-calculator



Minimalist IV Setup

Butterfly 22 gauge "vacuette" with line terminated into a luer adapter connected to an IV drip set. Using this setup, you'll need to constantly watch that the drip rate is constant. It's not uncommon for the needle to press up against the side of the vein and thereby blocking flow.



Proper IV Setup

Here a cannula is covered by a see-through Tegaderm dressing with the extension tubing taped to the arm and connected to an IV drip set. When kept clean and dry, the cannula can remain in place for up to 3 days. If the catheter is to be left in place for later reuse, it should be flushed after each use and flushed daily when not used on a given day. Heparin and saline are commonly used.

Cannula Insertion Tips

- 1. Apply tourniquet well before and repeatedly slap/tap site.
- 2. Feel for and then insert needle where vein is tethered to the skin.
- 3. Avoid hand due to eating and near joints due to blockage.
- 4. Apply tension along vein to draw it out not across vein.
- 5. Insert needle in two steps first through skin then through vein wall.
- 6. Insert needle at a glancing 10° angle for about 1/4" with flat side up.
- 7. Watch for the flash of blood at cannula end and then stop insertion.
- 8. Lift up on the needle and advance needle a bit then the cannula.
- 9. With gauze in place, remove needle watching for a flash in cannula.
- 10. Cap cannula then flush cannula with saline through injection port and apply tagederm dressing and tape.

https://youtu.be/0csywpTvHFM



After piercing vein, lift up to align vein with needle then slide in cannula.



Flushing Procedure

- 1. Clean and then remove the extension tubing cap with alcohol.
- 2. Attach a syringe with flushing agent to the extension tubing.
- 3. Open the tubing clamp that was set during the last flush.
- 4. Push most of the flushing agent through the extension tubing.
- 5. Reset the line clamp as close as possible to the cannula while pushing the remaining flushing agent so no blood enters into the cannula.
- 6. Cap off the extension tubing.

https://www.saintlukeskc.org/health-library/flushing-iv-catheter