Dedicated to my grandfather, Friedrich Gartz
(1896-1946)

Introduction

A few years ago, my book *Hydrogen Peroxide: the forgotten remedy* (*Wasserstoffperoxid: das vergessene Heilmittel*) was published, which explored, for the first time, the historic and current use of hydrogen peroxide and its derivatives in medicine. The book explains that the simple, affordable and easily accessible substance not only deodorises and disinfects, but that it can also kill viruses, bacteria, spores and parasites without causing allergic reactions or generating resistances.

Since its publication in 2014, I have received an enormous amount of feedback and I have since compiled additional aspects on the use of hydrogen peroxide and testimonies on personal experiences. As a result, I have published a second book on the subject.

Firstly, I was really surprised by the significant impact the book had. It seems that the information provided was well received and hydrogen peroxide quickly made its way into the range of alternative treatments, no doubt due to the extensive remedial successes that can be achieved with widely available substances. However, what is unique and particularly striking, compared to other methods, is that hydrogen peroxide has been used in medicine for over a hundred years, a fact documented in countless specialist papers.

The feedback, which I still receive, comes from extremely varied groups of professionals and interested parties, including educated laymen and therapists, but also, increasingly, from doctors who mention how little they learnt about the substance during their training. All of these individuals are very interested in alternative methods in medicine and they are convinced, for different reasons, that this substance, which is proven to be effective, should once again be used, as it is highly beneficial compared to other methods and, in some cases, it is the only reasonable option. All of that will become evident in the extensive range of examples provided in this book.

For example, in terms of treating wounds, some experienced doctors recall 3% hydrogen peroxide, and even solid urea-hydrogen peroxide, being commonly used as treatments in their youth. They still clearly remember the foam formed by the released oxygen, which cleaned out the dirt, and how wounds healed quickly without complications. The effectiveness of the substance was confirmed in WWI. In 1915, Pichler told of great remedial success using a peraquine ointment that contained the combination of urea-hydrogen peroxide. It was first produced in 1906 and instantly proved to be very effective on bacteria. Pichler wrote:

> "The results of its use on shrapnel and bullet wounds were extraordinarily positive. Tetanus cases fell drastically and wounds largely cleaned themselves due to the foam formed by the oxygen. While the unimaginable stench of wounds was eliminated, a reddish granulation quickly appeared, healing the tissue."

In 1917, Schläpfer stated, to greater surprise, that he applied urea compound granules (approximately 33% hydrogen peroxide content) directly onto wounds. The bigger the wound, the more granules he used. He said:

> "There was always a lot of dirt in the wounds, due to the conditions in the trenches, and the risk of tetanus and other infections was a constant threat. The presence of germs was evident by the intense stench of the wounds, which constantly and hideously filled the air in the infirmary. When the granules were applied deep into the wound, a potent foam immediately formed that expulsed the particles of dirt. With the exception of a tickling sensation, no other discomfort was felt. As such, its use could be tolerated. The stench quickly disappeared and the healing process started without delay. The treatment proved to be far superior to other measures that often caused great despair. Over

> the years, I have undertaken the process as a safe and effective method on hundreds of gunshot victims."

These experiences can be contrasted with the labels on current bottles of 3% hydrogen peroxide solutions, the application of which is often based on a concentration of just 0.3%. Despite that, the bottles bear the absurd warning, "to avoid the risk of gas embolism, do not use on body cavities". Nothing better illustrates the fact that this curative substance has fallen into obscurity. This is even the case with regard to treating wounds, where this effective substance has, for some unknown reason, been replaced by worse and considerably more expensive substances that do not automatically clean the wound through mechanical action.

In any case, many of my readers seem to have recognised, despite the propaganda in interviews and articles on modern medical advancements, that many treatments do not have the optimal effect and, in fact, cause new issues, such as bacterial resistance and allergies. Therefore, in the correspondence I receive, there is great interest in personally trying the easily obtainable substance in treating different conditions. On occasion, such treatment has achieved incredible results, as discussed in part two of the book. Also in the book, many aspects are considered on the properties of the substance and other possible uses, which I will cover in some detail.

Dr Jochen Gartz, May 2018

Part 1

Research on substances

Properties and particularities of hydrogen peroxide

In 1818, Louis Jacques Thénard (1777-1857), the French chemist, discovered H_2O_2 in an inorganic reaction. Mixing barium peroxide with acid, he obtained an aqueous hydrogen peroxide solution. The corrosive sulphuric acid proved to be particularly suitable, as the by-product created, barium sulphate, was insoluble and could be filtered. The hydrogen peroxide obtained became known as oxygenated water, given that oxygen was released in breakdown process and, to the surprise of researchers, only water remained. Almost immediately, its healing effect on wounds was accidently discovered and it started to be used in medicine.

In the early stages of hydrogen peroxide production, a significant discovery was made: a touch more sulphuric acid in the reaction resulted in a slightly acidic peroxide solution that was more stable than the pure substance. The latter quickly broke down when stored in glass bottles, which can easily be explained today: the alkaline substances in the glass dissolved and reacted with the hydrogen peroxide.

These initial observations closely relate to a question commonly posed in the correspondence I receive, which is whether or not the stabilisers currently used can be considered problematic.

Firstly, it should be said that stabilisation does not denature hydrogen peroxide. This question arises because some readers have seen similarities with the denaturing of alcohol, which, in the case of methanol and alcohol for medical use, cannot be drunk. However, the purpose of doing that is to make the alcohol less desirable and to avoid the heavy taxes that would be applicable were it declared a food product.

The fact is that all the different types and brands of oxygen peroxide in stores are stabilised. The non-stabilised peroxide is only used in few scientific studies and it is not available through the normal channels. Contrary to some beliefs, even the 35% hydrogen peroxide ("food grade") used to disinfect food packaging is stabilised.

However, the problematic sulphuric acid has not been used now for many decades, as the production method based on barium peroxide has long been abandoned and the vast quantities of hydrogen peroxide produced today are, essentially, from the area of organic chemistry. Current processes start by storing atmospheric oxygen and, through a decomposition reaction, it is transformed into hydrogen peroxide. Stabilisers are added at a later stage.

The 3% pharmacy solution, for example, contains small amounts of phosphoric acid to stabilise it, which is an approved food additive (E338) found in high concentrations in Coca-Cola. If the solution is diluted down to 1% hydrogen peroxide, the acid will not be detectable on a pH test strip. These 1% solutions can be stored without deteriorating for four to eight weeks in a plastic container kept in a dark place at room temperature.

The higher concentrations of hydrogen peroxide solutions (10% and 11%) on the market, normally contain phosphonic acids (phosphonates) of a similar composition. Furthermore, to stabilise higher concentrations up to 35%, small amounts of organic substances (chelating agents) are used that form compounds with metals, e.g., with iron ions, nullifying their effect.

Practical tips

Making a 1% solution

Mix two parts water (distilled or tap water, provided it doesn't smell of chlorine) with one part 3% hydrogen peroxide.

Making a 3% solution

Mix six parts water (distilled or tap water, provided it doesn't smell of chlorine) with three parts 10% hydrogen peroxide.

The 3% solution can also be obtained by diluting one part 30% solution with nine parts water.

Warning about using it as an enema

Using hydrogen peroxide as an enema for intestinal cleansing has sometimes been recommended. In the 1960s, a working group in Leipzig conducted experiments in this area on animals and they found cases of embolisms that could cause fatalities. It is unclear whether or not those results can be directly extrapolated to larger living beings, such as humans. However, to avoid running the risk, concentrations over 1% H_2O_2 must be avoided at all cost. In general, I advise against such use, as I fail to see any practical advantage.

When high percentage solutions are diluted with water, the active stabiliser concentration is reduced, but that also means that the mixtures obtained cannot be preserved for as long as the initial, more concentrated substances.

In any case, stabilisation is only relative, serving to sufficiently protect the reactive substance during its storage. Its function is to stop the release of oxygen, which could cause the bottle to explode. Its reactive capacity outside the bottle can be verified through a simple experiment. If a few millilitres of the pharmacy solution are poured down a drain, the hissing sound emitted as oxygen and water are formed in the decomposition process can instantly be heard. That is because the drainage tube contains several compounds, such as sulphur derivatives and metallic salts, and the stabiliser cannot stop the reaction given the high concentration of said agents.

Jochen Gartz

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