

Insufficiency of Cellular Energy (ICE): The Basis for Many Illnesses Potentially Correctable Using KELEA Activated Water

Introduction

The continuing high prevalence of many chronic illnesses is occurring in spite of major financial expenditures on pharmaceutical drugs; many of which can lead to adverse side effects in some recipients. The evolving practice of precision medicine is focused on more precisely defining the exact biochemical anomalies in each individual patient and on developing a wider array of pharmaceutical drugs to more specifically correct each of the identified biochemical anomalies. This approach will undoubtedly increase the cost of medical care. Moreover, the drugs specifically targeting the aberrant biochemical pathways in diseased cells will still likely be altering these same pathways in normal cells. In other words, it is essentially unavoidable for most pharmaceutical drugs to not adversely affect normal cells.

This article provides a different paradigm for the practice of medicine. It views many different illnesses as fundamentally due to insufficient energy in diseased cells for self-correction or successful adaptation. Moreover, it contends that the cellular energy required for recovery from many illnesses can be provided to the body by means other than food metabolism. The opportunity exists for coordinating large scale clinical testing of cellular energy based medicine, beginning with the potential therapeutic benefits of consuming energy activated water.

Keywords: KELEA; Alternative cellular energy; ACE pathway; ACE pigments; KELEA activated water; Waterceutical; Enerceutical; Insufficiency of cellular energy; ICE; Homeopathy ; Metabolism; Calories; Energy medicine

Abbreviations: KELEA: Kinetic Energy Limiting Electrostatic Attraction; ACE: Alternative Cellular Energy; ICE: Insufficiency of Cellular Energy; CAM: Complementary and Alternative Medicine; ATP: Adenosine Triphosphate; ADP: Adenosine Diphosphate; kg: kilogram; lb: Pounds; °C: Degree Centigrade; °F: Degree Fahrenheit

Metabolism as a Source of Cellular Energy

The metabolism of food has been considered the sole source of cellular energy for animals and humans. Metabolism depends upon the supply of nutrients as the source of calories and of the reactants needed in the biochemical breakdown (catabolism) of food to carbon dioxide, water and nitrogen containing products, such as urea [1,2]. The carbon dioxide is released from the body by respiration and urea is excreted from the body in urine. Water also needs to be consumed to compensate for losses due to respiration, perspiration and as urine. This need for water is partially offset by the water released from food during catabolism.

Editorial

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Cellular energy derived from food metabolism leads to the production of heat [3,4] and to the synthesis of adenosine triphosphate (ATP) by the addition of phosphate to adenosine diphosphate (ADP) [5,6]. This process primarily occurs within the cells' mitochondria. The chemical energy released during the reconversion of ATP to ADP is subsequently utilized in the synthesis of cellular components and is also used for the intracellular and/or extracellular activities of many functional molecules. There is a normal turnover of many of the body's molecules with net losses of carbon, nitrogen and water, which are replaced through the ingestion of food and water. Additional food intake is required to support the body's growth from infancy to adulthood.

Normal food intake in an adult engaging in a sedentary occupation is approximately 2,000 Calories per day [7-9]. A Calorie is the energy required to raise the temperature of a kilogram (kg) of water by one degree centigrade (1 °C) [10]. For a 75 Kg (165 lb.) individual to be at 37 °C, in an average environmental temperature of 17 °C (65 °F or 20 °C below body temperature), will require 75 kg x 20 °C, that is 1,500 Calories. Since the body returns to room temperature within 24 hours after death [11], this means that in the example provided, 1,500 Calories are required on a daily basis just to sustain normal body temperature. The remaining 500 Calories from food would not account for the daily energy required for molecular synthesis and for functional activities; such as muscle contraction, blood circulation, cellular movements, membrane transport of chemicals, electrical impulses, etc. It seems, therefore, that there must be an additional source of cellular energy.

The Alternative Cellular Energy (ACE) Pathway

The identification of an alternative cellular energy (ACE) pathway also came from human and agricultural studies on activated water [12-16]. As described in these references and in other publications, Nature is proposed to have an energy force,

tentatively named KELEA (kinetic energy limiting electrostatic attraction). The postulated fundamental role of this force is to prevent the fusion and possible annihilation of electrostatically attracted opposite electrical charges. KELEA is seemingly attracted to separated electrical charges, including the electrical charges on dipolar molecules. Some of these molecules can transfer the energy to nearby water, possibly in an oscillatory manner. In water and other fluids, KELEA weakens the intermolecular hydrogen bonding, creating a more dynamic (kinetically active) fluid [17]. The volatility of the fluid is increased and its surface tension is decreased. Increased levels of environmental KELEA can also be created using various electrical devices with rapid on-off switching [12] and with other arrangements that presumably propel the movement of opposite electrical charges towards one another [18,19].

The ACE pathway is viewed as being an adjunct to the cellular energy provided by food metabolism. The added kinetic quality of the body's fluids allows for more efficient enzymatic activity and for enhanced fluid perfusion. KELEA may also provide unique support in helping to sustain the electrical potential across various cellular membranes. This may be particularly important in the normal electrical charge separation of resting neuronal cells and may serve as a means of restricting non-specific over-firing of inappropriate regions on the brain [20].

Various clinically effective modalities of Complementary and Alternative Medicine (CAM) can be explained as primarily enhancing the ACE pathway [21]. These modalities can be broadly grouped as

- i) Directly providing activated water, for example as occurs naturally in certain locations within the world or produced using various processes outlined below;
- ii) Ingesting water activating chemical compounds and;
- iii) Exposure to an increased level of KELEA. This can be generated by certain devices. It may also occur by promoting certain changes in the fluctuating electrical activity of the brain and even possibly muscles, including the heart [20].

KELEA Activated Water

Consuming KELEA activated water as a "waterceutical" is the most practical approach for patients to enhance the ACE pathway. KELEA can be added to drinking water by using water activating chemical compounds or by exposing the water to higher than normal levels of environmental KELEA [16,18,19]. Water activating chemical compounds have been grouped as follows:

- i) Mineral rich compounds, some of which are commonly used for soil amendment in agriculture. Included in this group are humic/fulvic acids, zeolites, volcanic rock, coral, mica, shungite (a product from Russia) and magnesium oxide.
- ii) Certain pharmaceutical drugs with clinical benefits beyond their initially intended uses. Tested examples include: Dilantin, procaine, lidocaine, vitamin C and vitamin B3 (niacin).
- iii) Some gases including hydrogen, ozone, chlorine dioxide and the activated water vapor component, which along with hydrogen and oxygen, is present in Brown's gas [22].

- iv) Several food and agricultural products conveniently referred to as enerceuticals. Examples include *Moringa oleifera* [23], *Ashitaba (Angelica keiskei)*, cocoa, d-limonene, combusted sugarcane and tinctures of various herbs, as commonly used in the preparation of homeopathic remedies [24].
- v) Previously prepared KELEA activated water and other fluids.
- vi) Finally, there is a miscellaneous group comprising several minerals, such as tourmaline, germanium, aluminum, iron and rare earths; some occurring as complex mixed mineral oxides and/or as vibrating crystalline structures.

An important principle is that once these compounds have achieved a sufficient level of water activation, they can be removed and the water will remain activated. Water can be separated from insoluble particulate materials by simple decanting, or by confining the material into removable cartridges. Soluble materials can be removed by zero residue filtration or rendered miniscule in amounts by repeated dilutions, as in homeopathy [24]. Activating gases will simply dissipate from the activated water. Presumably, the somewhat separated water molecules in highly activated water are able to directly absorb further KELEA from the environment. Conversely, the level of activation of water can diminish over time due to the higher volatility of activated molecules.

Several of the compounds that are effective when directly added to water can also create a heightened level of KELEA, which can slowly lead to the activation of nearby water. More potent KELEA energy fields can be established using electrical and magnetic devices, typically with rapid on-off switching. These and related devices have traditionally been used for the direct treatment of patients and as discussed in Reference [12] are likely to cover some of work of Nikola Tesla (radiant energy); Edgar Cayce (violet lamp); Royal Raymond Rife (beam ray), Georges Lakhovsky (multi-wave oscillator); Wilhelm Reich (orgone chamber); Panos Papas (papimi machine); Sandra Rose Michael (scalar ray); etc. Many KELEA attracting devices presumably work through the electrical charge attraction with subsequent release of KELEA [12]. Other devices may act by propelling of opposite electrical charges towards each other [18,19].

Therapeutic Endeavors

The above considerations provide a useful framework for the therapeutic testing of KELEA activated water in illnesses attributable to an insufficiency of cellular energy (ICE) derived from food metabolism [25]. These illnesses can be broadly grouped into the following main categories.

- i. Inadequate intake of oxygen as in chronic obstructive pulmonary disease (COPD).
- ii. Impaired blood supply as in cardiovascular, cerebrovascular and peripheral vascular diseases.
- iii. Altered metabolic pathways as in Type II diabetes and also in some forms of cancer. Thus, the continued survival of cancer cells with ICE can result in a failure of apoptosis, especially if this process is somewhat inefficient along with the other metabolic abnormalities [26,27].
- iv. Increased energy demands in infections [28] and during

wound healing. Particularly relevant are infections caused by stealth adapted viruses, which are derivatives of conventional viruses that lack the major components normally recognized by the cellular immune system [29]. Along with the conventional viruses from which they are derived, stealth adapted viruses can be effectively suppressed via the ACE pathway.

- v. A fifth category of illnesses, which are potentially treatable by enhancing the ACE pathway may include certain brain disorders [30,31]. These disorders would include conditions associated with a failure of the brain to attract normal amounts of KELEA from the environment. Although yet to be formally proven, this may be occurring in many major neuropsychiatric illnesses, including epilepsy. There can also be failures of various adaptive and compensatory responses of the brain to imbalances in the body's chemicals, which have an impact on the physiology of mood, pain perception, blood pressure, allergy, etc. Relying upon food for KELEA may possibly be contributing to the epidemic of obesity.

Coordination of Clinical Studies

The opportunity exists for CAM practitioners to engage in coordinated studies on the therapeutic potential of KELEA activated water in a wide range of illnesses [32]. Successful clinical outcomes will help validate long held beliefs in the body's capacity for energy based healing, without the need for potentially toxic pharmaceuticals. The concept of KELEA activation of water should also help resolve some of the existing paradoxes in contradictory assumptions concerning the beneficial effects of therapeutic water. These misguided explanations extend from empirically considering therapeutic water as

- i) Possessing unique complex vibrational memories;
- ii) Acting as a reducing agent, or
- iii) In the case of ozone and chlorine dioxide infusion, acting as an oxidant;
- iv) Helping to alkalize the body, or
- v) Provide the body with an acid, e.g. apple cider vinegar; or
- vi) Simply providing minerals to correct an underlying deficiency.

KELEA activated water for testing can either be provided to or produced by participating practitioners. The water can also be shipped directly to their patients. Much of the initial effort will go into optimizing different protocols and comparing the relative clinical benefits of various means of activating water. Human and animal studies can be coordinated with similar endeavors aimed at exploring agricultural and industrial uses of activated water and of other fluids [33,34]. Ongoing studies are also contributing to a better understanding of the importance of KELEA in basic physics [35] and in global warming [36].

Conclusion

The opportunity exists to directly evaluate the ACE pathway-based therapeutic approach to healing using KELEA activated water. This approach can be compared with the existing

reliance by mainstream medicine on the use of disease-specific pharmaceutical drugs. The participation and involvement of multiple CAM practitioners in a coordinated effort will likely expedite a major paradigm shift in medicine

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