

# Is the Placebo Effect Mediated by the Alternative Cellular Energy (ACE) Pathway

**Keywords:** Placebo, energy-based medicine, kinetic energy limiting electrostatic attraction, KELEA, alternative cellular energy, ACE Pathway, mind body connection, enerceutical™, waterceutical™, pharmaceutical

**Abbreviations:** KELEA, kinetic energy limiting electrostatic attraction; ACE, alternative cellular energy; CAM, complementary & alternative medicine; UQD, university of quantum dynamics

## Introduction

The pharmaceutical model in medicine is predicated on the premise that drugs can selectively target and correct the aberrant biochemical pathways, which are specifically associated with particular illnesses.<sup>1</sup> The clinical evaluation of various drugs can, however, be complicated by beneficial effects occurring in some patients receiving unrelated chemical compounds; a process referred to as the placebo effect.<sup>2-5</sup> It is presumed that the patient's expectation of benefit is the major reason for the improved overall health in the placebo recipients. This reasoning is consistent with the concept that the patient's belief system is integral to a natural disease recovery mechanism through some form of mind to body connection.<sup>6</sup>

## Discussion

Energy is required by cells to perform most normal functions. Illnesses tend to increase the energy demands upon cells, thereby, leading to further impairments in the cells' functions. Many diseases can, therefore, be attributed to an insufficiency of cellular energy.<sup>7</sup>

It has been generally assumed that, except for photosynthesis occurring in plants and in certain bacteria,<sup>8</sup> that food metabolism is the sole source of cellular energy.<sup>9</sup> An alternative or addition to food calories as a source of cellular energy was initially proposed in studies on the cellular resistance to stealth adapted viruses.<sup>10-14</sup> These viruses are not effectively recognized by the cellular immune system but can, nevertheless, be suppressed if the infected cells are cultured in an energy activated fluid.<sup>14</sup> Further studies have confirmed that the alternative cellular energy (ACE) pathway is expressed as an added dynamic or kinetic property of the body's fluids.<sup>15-18</sup> This energy is exchangeable with chemical energy<sup>19,20</sup> and can support chemical reactions including biosynthesis.<sup>14</sup> The energy results from the absorption into the body of an external force called KELEA (kinetic energy limiting electrostatic attraction).<sup>15-18</sup> Using the activation of nearby water as a measurable parameter of the level of KELEA, laughing yoga classes were shown to enhance the radiant energy fields of participating individuals.<sup>21</sup> Based on this and other observations, it was proposed that certain forms of fluctuating electrical activity in the brain can act as an antenna to attract KELEA into the body.<sup>22-24</sup> Conversely, it can be argued that other forms of electrical activity can directly interfere with this proposed antenna function of the brain. For instance, many individuals have concluded that certain emotional reactions, including stress, run counter to good health, while serenity, increased self-esteem, confidence and optimism correlate with improved health. These latter traits are likely to be promoted by simply participating in promising clinical trials. Thus, it can be proposed that the placebo effect is mediated by the ACE pathway.

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Specific testing of this hypothesis is awaiting accurate *in vivo* measurements of the ACE pathway and of the proposed KELEA antenna function of the brain. Various methods are currently available to enhance the ACE pathway. Among the simplest of these methods is the use of KELEA activated water (waterceuticals™) for ingestion, inhalation or even local skin application. Various dipolar compounds, including certain products currently marketed as dietary supplements, provide effective means to activate water, even in small doses (e.g. <0.1%). These compounds are referred to as enerceuticals™ and are discussed elsewhere.<sup>15-18</sup> Several medical devices are also available, which increase the environmental levels of KELEA. These devices operate by either repetitive on-off electrical switching or by the projection of converging lights (electromagnetic fields).<sup>25,26</sup> The most compelling approach is to improve the proposed intrinsic ability of the brain to attract KELEA into the body.

The ACE pathway is seen as an adjunct to cellular energy obtained from the metabolism of food. Improvement in the ACE pathway can, therefore, be assessed by its ability to further compensate for the insufficiency of cellular energy available from food metabolism, as occurs in certain illnesses. Current research is focused on patients with reduced blood oxygen levels due to impaired lung function, such as in chronic obstructive pulmonary disease (COPD). Improvements in the ACE pathway can be observed as rises in oximeter measured arterial pO<sub>2</sub> levels with corresponding increases in exercise capacity. Another line of research suggests that the KELEA antenna function of the brain can correlate with bilateral symmetry of resting electroencephalogram (EEG) readings, widespread gamma brain waves, and minimal infra-low (<1Hz) brain wave activity. Deviations from these patterns and especially the occurrence of substantial infra-low EEG activity may be correctable using ACE pathway-based therapies, including the use of waterceuticals™, enerceuticals™ and external energy devices. Neurofeedback exposure of a patient to his or her own aberrant electrical patterns in the brain may by itself unconsciously trigger a beneficial corrective response in the patient's brain.<sup>25</sup> The accompanying clinical improvements with ACE pathway-based therapies are often sustained beyond the period of applied therapy, as would be expected with the brain regaining some of its lost KELEA antenna function. An issue is whether the optimistic anticipation of clinical benefit from these different interventions is a major contributing factor in these and similar studies. If so, benefits would likely occur regardless of the methods being employed.

Clinical studies need to be designed in which the focus is on detecting cellular energy changes occurring in patients purely from believing in a positive outcome from the particular intervention. It is important that the healthcare providers with direct patient contact remain convinced of the efficacy of the administered interventions. In this regard, clinical trials on KELEA activated water can be easily controlled by the non-disclosed substitution of regular water for ingestion by randomly selected participants in the clinical trial. Emphasis can also be given to the testing of several energy devices, which are sincerely promoted and used by certain complementary and alternative medicine (CAM) practitioners but, which have a barely conceivable rational basis for being able to directly transfer energy to patients. Ideally, these practitioners will be willing to allow clinical assessments of their patients by an independent physician before and after therapy. Manufacturers of these energy devices could also accept the challenge of providing modified, yet lookalike devices for comparison clinical testing by healthcare providers who will still be assuming they are using authentic devices. These types of studies will need to be carefully designed with Institutional Review Board (IRB) approval to ensure that the best interests of the patients are being served.<sup>27</sup>

## Conclusion

Pharmaceutical drug development is not uncommonly hindered by substantial responses in the placebo arm of a therapeutic trial. Moreover, the Food and Drug Administration (FDA) is remiss in approving drugs with only marginal statistically significant benefits over a placebo, with resulting increasing medical costs to the consumers. Little or no consideration is ever given to approving a low-cost placebo compound as an effective form of therapy. Energy based medicine is widely criticized by many in mainstream medicine as lacking a scientific foundation. This has led to frustration by energy medicine practitioners who regularly see benefits in their treated patients. This article outlines a potential scientific explanation for the placebo effect in terms of enhancing the brain's capacity to intrinsically enhance the patient's own alternative cellular energy (ACE) pathway. This mechanism may work in concert with certain energy-based therapies, which can directly transfer KELEA to the body. Further studies on the relationship of the placebo effect to the ACE pathway are warranted.

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## Conflict of interest

The author declares no conflict of interest.

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