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The ACE Pathway in Comparison to the Immune System in the Defense Against Infectious Diseases

Abstract

A basic tenet of biology is that resistance against ongoing infectious diseases is solely provided by the immune system. The major emphasis in humans and animals is on the protective role of the adaptive immune response. This response comprises antibodies secreted by B lymphocytes and both cellular cytotoxicity and the synthesis of various cytokines by T lymphocytes. These activities lead to the recruitment of an inflammatory response, which is followed by healing, commonly in association with fibrosis (scarring). Certain infections can additionally directly evoke inflammation by triggering the innate immune system, which predates the development in vertebrates of the adaptive immune response. Invertebrates clearly managed to survive and evolve, indicating that the innate immune system and/or some other mechanism is effective in resisting major infections. The focus of current studies is on this "other mechanism" as a comprehensive, non-immunological process able to resist and overcome infections and to promote post-infection healing without scarring. This process is mediated by the alternative cellular energy (ACE) pathway. The ACE pathway is essentially an acquired dynamic quality of the body's fluids, which enhances various cellular activities, including overcoming infections. It results from the body's absorption of a natural force termed KELEA (Kinetic Energy Limiting Electrostatic Attraction). Various simple methods are available to enhance the ACE pathway in individuals with insufficient cellular energy (ICE). These methods can be used therapeutically as an adjunct to treating infectious diseases. The ACE pathway has many inherent advantages over adaptive immunity, including the capacity to resist infections caused by stealth adapted viruses.

Keywords: ACE; Alternative cellular energy; KELEA; Kinetic energy limiting electrostatic attraction; Immunity; HANSI; Enercel; Homeopathy; Energy medicine; Stealth adapted viruses; HIV; HSV; HZV; Zika

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Abbreviations: ACE: Alternative Cellular Energy; KELEA: Kinetic Energy Limiting Electrostatic Attraction; HIV: Human Immunodeficiency Virus; CAM: Complementary and Alternative Medicine; CFS: Chronic Fatigue Syndrome; CTL: Cytotoxic T Lymphocyte; ICE: Insufficient Cellular Energy

Introduction

Stealth adaptation is a virus immune evasion mechanism in which there is deletion or mutation of the relatively few virus components normally targeted by the T cell mediated immune system [1]. Stealth adaptation can potentially occur with all viruses, essentially allowing the viruses to bypass cellular immunity. These derivative viruses can consequently induce non-inflammatory illnesses. The brain is uniquely susceptible to symptomatic illness resulting from limited localized cellular damage and it is not surprising, therefore, that stealth adapted virus infections are primarily associated with neurological and psychiatric illnesses [2,3]. Prominent examples include autism, chronic fatigue syndrome (CFS), psychosis and Alzheimer's disease.

The clinical course of stealth adapted virus infected patients is typically one of recurring neuropsychiatric exacerbations followed by periods of remissions [4]. Similarly, in an animal inoculation study, neurologically acutely ill cats recovered clinically in spite of the absence of any accompanying inflammation [5]. Recovery is also readily observed in the culturing of stealth adapted viruses, providing the tissue culture medium is not replaced [6]. The in vitro recovery correlates with the production of particulate materials with energy transducing capacities. These materials are typically pigmented, fluorescent, electrostatic, occasionally ferromagnetic and have electron donating, lipid synthesizing and water activating activities. The latter activity was initially observed as the formation of vapor bubbles, when the particles were placed into water [6]. A striking feature of both in vivo and in vitro stealth adapted virus infected cells is the marked disruption of the cells' mitochondria (the main source of energy from the metabolism of food) [7]. Cellular survival in these cells was attributed to the energy transducing particulate materials, which were accordingly termed ACE pigments [6].

ACE pigments particles comprise a range of aliphatic and aromatic chemical entities with selective mineral binding properties. The particles are able to suppress the reactivation of stealth adapted viruses in refed virus cultures by modifying the tissue culture fluid [6]. Inhibition of virus reactivation was

also achieved using small amounts of a supposedly homeopathic remedy termed HANSI (Homeopathic Activator of the Natural System Immune). The demonstration of anti-virus activity of HANSI in tissue cultures clearly excluded a direct role involving the immune system. Based on the ACE pathway concept, the United States manufacturer of HANSI renamed the product to Enercel.

The formulation of HANSI and the early productions of Enercel contained detectable levels of Lidocaine, a dipolar compound. Further studies on virus culture-derived ACE pigments and ACE pigments directly obtained from stealth adapted virus infected patients [8], led to an understanding that many dipolar chemicals are able to alter the biophysical properties of water and other fluids [9]. The changes in water includes reduction in surface tension and an induced internal dynamic (kinetic) activity. The latter is best seen with the changed dissolving pattern of particles of neutral red dye lightly sprinkled onto the surface of the water. The particles remain stationary on non-active water and become surrounded by a slowly expanding circular patch of dye. In contrast, neutral red dye particles sprinkled onto activated water will form long streaks in to-and-fro movements. Clusters of non-dissolved particles will also form in which individual particles are occasionally rapidly rejected, only to slowly return towards the cluster and often to be again repelled. The most quantitative measurement of activity is the increased weight loss of activated water in closed but not completely sealed containers. Weight losses in containers of activated water can well exceed 0.5 mg/ml within several hours, with control values being <0.1 mg/ml even at 24 hours.

Methods of Activating Water

Two basic approaches to activating water have been validated using the above assays [10]. The first approach is to add KELEA attracting materials to the water. If indicated, the materials can be subsequently removed by zero residue filtration. Their concentration can also be reduced below detectable levels by progressive dilutions, as in homeopathy. The dilution method is possible since once water is sufficiently activated, it will directly absorb KELEA from the environment and transfer energy to the added, diluting water. Water activating substances include many of the compounds used in organic farming, ostensibly as a source of minerals. Prominent examples include humic/fulvic acids, zeolites, mica, pellets of ground and heated volcanic rocks, heated magnesium oxide pellets, shungite (a fullerene product from Russia) and others. Several pharmaceutical compounds, such as Lidocaine, procaine and Dilantin have water activating activity beyond their accepted pharmacological activity. Certain gases, including vaporized water in Brown's gas derived along with hydrogen and oxygen gases from the electrolysis of water, ozone, hydrogen gas; and chlorine dioxide gas can also activate water. Another category of water activating compounds are certain foods, including extracts of leaves of *Moringa oleiferea* trees [11], *ashitaba (Angelica keiskei*) plants, cocoa, various herbal tinctures, etc. As indicated above, previously activated water can be continually used to provide additional activated water.

The second basic approach is to place the water to be activated within heightened KELEA energy fields. These fields can be established using various electrical devices, typically with rapid on-off switching. Pioneer developers of such devices include Edgar Cayce (Violet Ray); Royal Raymond Rife (Beam Ray); Georges Lakhovsky (Multi-Wave Oscillator) and; Panos Pappas (Papimi; Pulsed Electromagnetic Field). KELEA levels can also be enhanced within spaces lined by alternating conducting and insulating materials, such as the orgone accumulator chambers of Wilhelm Reich [Reviewed in 8]. Converging computer generated light sources (EE System of Sandra Rose Michael) and converging strobe lighting [12] are effective, as are bidirectional electrical currents [13] and various geometric shapes. These devices seemingly increase the flow of KELEA into an area that upon repeated interruptions of the attraction allows for effective transfer of energy to nearby water. Even placing water in close vicinity to various water activating compounds, as well as to previously activated water can lead to its slow activation. Patients can also directly benefit from exposure to externally generated increased KELEA fields, such as with devices related to those previously listed.

The most provocative and yet intriguing method of providing a KELEA energy field is via the fluctuating electrical activity of the brain [14] and possibly muscles, including the heart. The separation of electrical charges is a fundamental process in Nature. Electrical gradients of hydrogen ions are utilized by all life forms to generate adenosine triphosphate (ATP) from adenosine diphosphate (ADP) in the metabolism of food. Plants and certain bacteria also use hydrogen ion gradients in photosynthesis. Even more fundamental, electrical gradients involving various electrolytes are created across the outer cell membrane of all living cells. As postulated elsewhere, depolarization of the cell's membrane may potential serve as a KELEA releasing mechanism adding to the cell's vitality and overall level of activation of the body's fluids [15].

Clinical Studies

Clinical recoveries have commonly been reported using various modalities of Complementary and Alternative Medicine (CAM). The studies typically do not precisely define the efficacy of a single modality or exclude possible psychological influences, generally termed the placebo effect. Since the brain may potentially function as an antenna for KELEA, it is possible that both the direct intervention using a particular therapeutic modality, and the increasing optimism of success, act in concert to increase the body's absorption of KELEA [15,16].

Significant insight into clinical efficacy of CAM has been obtained in studies on Enercel. Traditional homeopathy, as envisioned by Dr. Samuel Hahnemann, comprises symptom-specific remedies based on the Law of Similars. No crossover studies have actually validated the premise of specificity of homeopathic remedies. Indeed, effective remedies previously identified as homeopathy are consistent with the notion of KELEA activated water [17]. Enercel is such an example, with proven clinical efficacy in a wide range of clinical disorders. These include cancer, infections, neurodegenerative illnesses and wound healing [17]. In an earlier study, tropical diarrhea resolved more rapidly in children receiving two 3 ml injections of Enercel compared to a well matched control group [18]. More recent studies have

confirmed the benefit of combined intravenous, intranasal and intrabronchial administration of Enercel to patients co-infected with the human immunodeficiency virus (HIV) and tuberculosis (TB) [19]. Ongoing studies with Drs. Dariel Laurent and David Christner have shown significant (>50%) reductions in HIV loads in AIDS patients receiving Enercel-related drinking water.

ACE pathway based phototherapy achieves marked symptomatic improvements in patients with herpes simplex virus (HSV), herpes zoster virus (HZV) and human papillomavirus (HPV) induced skin lesions [20]. One approach is to directly activate ACE pigments within the infected lesions, or in the involved skin in cases of post shingles (HZV) neuralgia. Activation is achieved by applying freshly prepared neutral red dye to the ACE pigments and illuminating with ultraviolet-A (UV-A) light. This procedure has been upgraded to UV illumination of neutral red dye dissolved in KELEA activated fluid placed near to, but not in direct contact with the affected skin areas. After relatively short periods of time, the underlying skin areas will also fluoresce if directly illuminated with the UV light. A similar approach was shown effective in achieving symptomatic improvement in children with autism, an illness attributed to stealth adapted virus encephalopathy [21].

It has been proposed to Government health officials that KELEA activated water should be immediately evaluated as a potential preventative measure in pregnant women at risk for becoming infected with the Zika virus [22]. Such actions are unlikely to occur if the immune system is still perceived as the only natural defense against active virus infections. Progress at the government level will require a greater understanding of the ACE pathway as a basic non-immunological defense mechanism against infectious diseases.

Advantages of the ACE Pathway

There are four major and several secondary advantages of the ACE pathway in comparison with the immune system in the defense against infectious diseases. The most notable is that the ACE pathway can more effectively suppress infections due to stealth adapted viruses [1]. Based on extensive tissue culture experience, many neurological and psychiatric diseases have been confidently attributed to ongoing stealth adapted virus infections. The diseases have generally not been regarded as primarily infectious because of the absence of an accompanying inflammatory response. Major examples include autism and behavioral problems in children, CFS and psychosis in adults and Alzheimer's and other neurodegenerative illnesses in the elderly.

It is useful to note that the range of virus antigens targeted by the cellular immune system is typically more restricted than the antigens targeted by anti-virus antibodies. Anti-virus antibodies can be effective in preventing initial infections with viruses and the blood borne spread of viruses to the central nervous system. Antibodies are far less effective in suppressing ongoing chronic viral infections. Indeed, anti-virus antibodies can exacerbate virus infections through the formation of antigen-antibody complexes, which can become deposited within blood vessels throughout the body. Part of the pathology of certain stealth adapted virus infections can, accordingly, be attributed to a deleterious effect of the antibody component of the immune system [23].

The process of stealth adaptation primarily applies to the major virus antigens targeted by the predominant cellular immune responses. It is likely that some minor antigens may persist, which can be targeted by cytotoxic T lymphocytes (CTL) if the immune system is sufficiently stimulated, as for example during vaccinations. Much of the controversy surrounding the induction of neurological illness by vaccines can be explained by the vaccines eliciting cell damaging immunological responses to minor virus antigens expressed on preexisting stealth adapted virus infected brain cells [24]. In this regard, a preexisting stealth adapted virus infection can provide a valid reason for withholding vaccination, especially vaccines that require the use of adjuvants.

The second major advantage of the ACE pathway is its broad applicability to multiple pathogens and even when the infections are concurrent. Evolving antigenic diversity occurring during an infection and within various types of pathogens has posed difficulties for the body's immunological defenses and for the development of effective vaccines. Especially with infections such as with HIV that directly impair the body's cellular immune system, individuals can become multiply infected with other viruses, various bacteria, fungi, protozoa and helminths. Attempts to immunologically target each type of pathogen are far less practical than enhancing the ACE pathway.

Another major advantage of the ACE pathway over the immune system in the defense against infections is the lack of scarring associated with the healing process. The immune system essentially operates by attracting inflammatory cells into the site of the infection. In turn, the inflammation leads to the recruitment of fibroblasts and tissue scarring. While scarring can simply be unsightly when occurring within the skin, it can have profound deleterious effects when occurring in functional organs, including the brain, liver, lung, kidneys and joints.

The potential development of autoimmunity exists with the immune system, but not with the ACE pathway. This is the fourth major advantage that the ACE pathway has over the immune system. Indeed, the spectra and incidence of autoimmune diseases are growing in prevalence, along with increasing frequency of allergic reactions. For reasons that have yet to be fully explained, enhancing the ACE pathway, such as by using Enercel, actually decreases the severity of allergic illnesses, such as asthma [17].

Among the secondary advantages of the ACE pathway is the positive mindset, which typically develops in those who are experiencing various therapeutic modalities aimed at enhancing the ACE pathway. This issue is being documented in current clinical trials using Quality of Life (QOL) scores. The production of cytokines, as occurs with active immune responses tend, by contrast, to lead to feelings of exhaustion and fatigue.

Conclusion

This review is intended to encourage thinking beyond the immune system as being the sole or even the major defense against ongoing infectious diseases. A more fundamental process exists, which enables cells to help outcompete pathogenic microbes. This process is referred to as the alternative cellular energy (ACE) pathway. It appears to result from the absorption of an external

energy force termed KELEA (Kinetic Energy Limiting Electrostatic Attraction). The ACE pathway is expressed as a dynamic (kinetic) quality of the body's fluids, which enhances many aspects of cellular functions, including suppression of infectious diseases. This paper highlights certain advantages of the ACE pathway over the immune system, including; i. Activity against stealth adapted viruses; ii. Capacity to respond to multiple co-infections; iii. Lack of scarring; and iv. Absence of autoimmunity.

Various methods of enhancing the ACE pathway, including the use of KELEA activated water and KELEA energy fields are briefly discussed. The ACE pathway is a viable alternative to the immune system in the control of major infectious diseases.

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