

REVIEW ARTICLE

Enhancing the Alternative Cellular Energy (ACE) Pathway with KELEA Activated Water as Therapy for Infectious Diseases

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Abstract: Many infectious diseases have yet to be conquered by modern medicine. This is generally attributed to both a failure of the immune system and the lack of an effective anti-microbial pharmaceutical. Infections can be regarded as a competitive process between the microbe and the host for cellular energy-generated resources. Cells obtain energy not only from the metabolism of food but also from the alternative cellular energy (ACE) pathway. This pathway utilizes an environmental force termed as KELEA (kinetic energy limiting electrostatic attraction), which provides an added kinetic/chemical energy to the body's fluids. The ACE pathway can be enhanced through the use of KELEA activated water, which is currently available under different names from several sources. Enhancing the body's ACE pathway, including the use of a wearable water-ceutical™, provides a novel means of potentially increasing the body's resistance against all infectious diseases.

Keywords: Alternative Cellular Energy; ACE Pathway; KELEA Activated Water; Waterceutical; Stealth Adapted Viruses.

1. INTRODUCTION

Beyond avoiding contact with disease-causing microbes, mainstream medicine has mainly focused on two major defense mechanisms against infectious diseases. One is the immune system and the other is the use of pharmaceutical drugs that are selectively toxic for the various disease-causing pathogenic microbes. The immune system encompasses both innate resistance and a more potent, acquired form of immunity [1]. The latter is based on the expansion of specific immunological reactivity against one or more of the components that characterize the different pathogens. These components, referred to as antigens, need to make direct contact with the immune system in order for the expansion of specific immune reactivity to occur. Immune protection against possible future infections can be induced by a prior exposure of individuals to the antigenic components of particular microbes in the form of a vaccine. A caveat on the immune defense mechanism is that in some circumstances, the immune response and its induced inflammation can add to the pathology of infection by causing further damage to the infected cells and/or to neighboring non-infected cells [1]. Excessive immune activation can also lead to major systemic disruptions of several of the body's physiological processes. Conversely, certain viruses can evade effective immune recognition by the deletion or mutation of the genes coding for the relatively few virus components that are normally targeted by cytotoxic T lymphocytes. These viruses do

not, therefore, ordinarily evoke inflammation, an accepted hallmark of infection. This immune evasion mechanism is referred to as stealth adaptation [2-14].

The second major defense mechanism relies upon differences in the biochemistry of the different pathogens when compared to that of humans [15]. For example, bacteria and fungi have cell walls composed of compounds that are not present in human cells. Many antibiotics are, therefore, designed to selectively interfere with bacterial and fungal cell wall synthesis. Other targeted biochemical pathways include unique aspects of DNA and RNA synthesis in various bacteria and viruses [15]. The commonly used therapeutic drugs have some overlapping inhibitory effects on normal human metabolism and, therefore, can potentially cause various adverse effects [16]. Furthermore, subtle changes in the metabolism of a pathogen can result in a previously useful anti-microbial pharmaceutical drug becoming ineffective [17].

Collectively, the immunological and pharmaceutical approaches to the prevention of infectious diseases have been successful in the control of many pathogens. Certain infectious diseases, however, are still highly prevalent leading to continuing morbidity and mortality, especially in developing countries. Prominent examples include HIV in which the virus directly targets the immune system. Another example is tuberculosis in which the pharmaceutical drugs are slow-acting, and the immune response tends to add to the tissue damage. Hepatitis B and hepatitis C viruses infect an estimated 257 and 71 million humans, respectively [18]. Although a vaccine against the hepatitis B virus (HBV) has been developed, it needs to be administered prior to infection [19]. Pharmaceutical drugs can suppress HBV but do not

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lead to virus eradication [20]. Widespread illnesses due to stealth adapted viruses have yet to be acknowledged by mainstream medicine. These and other continuing illnesses underscore the need for an additional approach to counter infectious diseases. This article describes a cellular energy-based approach toward achieving this important goal.

2. CELLULAR ENERGY INSUFFICIENCY AS A CAUSE AND A CONSEQUENCE OF INFECTIONS

Microbial infections can be viewed as a competitive process in which the microbes are withdrawing resources from the host to enable their survival. This leaves the host with diminished resources for its own needs, including eliminating the microbes and repairing the damage that has been caused. Cellular resources can be equated with the requirement for cellular energy. It follows, therefore, that the maintaining of normal cellular activities and the recovery from infections are potentially achievable by providing infected individuals with additional cellular energy.

2.1. The Alternative Cellular Energy (ACE) Pathway

It is still widely assumed that human and animal cells can only obtain energy from the metabolism of food. The principal cell components involved in the generation of energy from food are the mitochondria, which engage in a complex process that requires oxygen. There is, however, a more fundamental process by which cells can obtain energy. It is referred to as the alternative cellular energy (ACE) pathway. The existence of the ACE pathway is well supported by several key observations; for example i) The daily energy expenditure by humans exceeds the approximately 2,000 Calories derived from a typical diet [21]. ii) Cell survival can continue despite the marked disruption of the cell's mitochondria [22]. iii) Water can acquire a nonthermal energy, which has been shown to help cells recover from the damage caused by virus infections [21, 23].

It is proposed that the ACE pathway is driven by a natural force, which is referred to as KELEA, an abbreviation for Kinetic Energy Limiting Electrostatic Attraction [24-29]. The fundamental role of KELEA is presumably to prevent the fusion and annihilation of electrostatically attracted opposite electrical charges. Cosmic rays comprise separated electrical charges, mainly in the form of electrons and either individual or groups of protons. These electrical charges would function as carriers of KELEA. Cosmic rays entering into the earth's atmosphere are, therefore, the likely continuing source of KELEA for all life forms on earth, including humans [30, 31].

The fluctuating electrical activities of the brain probably act as the major receiver for KELEA in humans and animals [32-34]. The energy can then be transferred to the body's fluids as a non-food source of cellular energy. Differences presumably exist in the efficiency with which the brain can attract KELEA into the body. This function is likely to be impaired in individuals with certain forms of brain illness [35]. When faced with insufficiency of cellular energy (ICE), humans and animals can also produce KELEA attracting compounds termed ACE pigments [21, 23]. These are comprised of aggregates/polymers of dipolar aromatic and ali-

phatic compounds, which typically have mineral binding properties. These compounds can further self-assemble into particles, fibers and threads [21, 23]. ACE pigments can be identified on the basis of their ultraviolet (UV) light-induced fluorescence, especially in the presence of certain dyes, including neutral red. For example, ACE pigments can be easily demonstrated in skin lesions caused by herpes simplex virus (HSV), herpes zoster virus (HZV) and human papillomavirus (HPV) by applying neutral red dye and illuminating the lesions with UV light. This procedure leads to the expedited healing of the lesions [36-38]. The production of ACE pigments is particularly notable in the stealth adapted virus-associated disease, variously referred to as delusional parasitosis or Morgellons [39, 40].

2.2. KELEA Activated Water

Dipolar compounds with spatially separated positive and negative electrical charges can attract KELEA [41-44]. Moreover, some of these compounds, as well as certain oscillating electrical devices, can transfer the attracted KELEA to nearby fluids, including water [26, 27, 41-44]. KELEA adds a dynamic or kinetic quality to fluids, which can be converted to chemical energy [45-47]. Physical changes in the water include a lowered surface tension, slight expansion in volume, and increased volatility. The later can be measured as an increased rate of weight loss in capped but not completely sealed vials [26, 27]. Particles of neutral red dye sprinkled onto activated water will produce linear streaks of dissolving dye both on and within the water as contrasted with slowly evolving circular patches of dye from essentially stationary particles remaining on the surface of KELEA-energy depleted water. Particles of other materials can similarly be used to assess the intrinsic kinetic energy of water. A further measurable parameter of water activation is reduced bandwidth on magnetic resonance analysis (MRA). These observations are consistent with a loosening of the intermolecular hydrogen bonding in the water [48]. If water is sufficiently activated, it can act in a dipolar manner to attract additional KELEA. Highly activated water can readily transfer KELEA to added water and even to regular water that is set in close proximity to the activated water for extended periods.

2.3. Therapeutic Uses of KELEA Activated Water

A compelling early observation using tissue culture medium, which was activated using small amounts of various dipolar compounds, was the prompt reversal of the cytopathic effect (CPE) caused by stealth adapted viruses. These studies were extended to show the prolonged survival of uninfected cells when cultured in KELEA activated media, even without any additional nutrient feeding. It was further realized that many investigators have promoted the health benefits of modified water, variously referred to as activated, energized, structured, functional, or living water, *etc.* Most homeopathic preparations are water-based and as discussed below, some are likely to comprise KELEA activated water. A review of published and stated clinical data on several activated water products indicates that collectively they are able to help compensate for those diseases in which the cellular energy obtained from food metabolism is deficient [49].

These diseases can be grouped into four major categories: Inadequate oxygen intake; impaired blood supply; inefficient metabolism; and increased energy demands. Many infections fit into the last category [50, 51]. Beyond these applications, the ACE pathway has several additional properties. One is to add resistance to the triggering of the inflammatory reaction as well as reversing ongoing inflammation. This is seen in the prevention of scar tissue formation in response to severe burns [52]. The non-inflammatory regeneration of damaged tissue is also a function of the ACE pathway [52, 53]. A third benefit seen in those using KELEA activated water is the improvement in higher-level brain functions, including cognitive performance, emotional intelligence, and quite possibly, the KELEA attracting activity of the brain [35]. In other words, the utilization of KELEA activated water may empower a more self-sustaining capacity of an individual to maintain an enhanced ACE pathway.

2.4. Enercel is a KELEA Activated Water

Enercel is produced using ethanol extracts (tinctures) of several herbs, together with a mineral, that are added to purified water. The water is then progressively diluted with water plus 4% ethanol in 10-fold increments to a final dilution of 1:10,000. Slightly different formulations are designed to be administered parenterally via intramuscular or intravenous injections; or locally as a skin spray, sublingual drops, and/or as an intranasal and inhaled mist. An additional dilution into water is made to provide drinking water. Further information on the main ingredients in Enercel is available at www.enercel.com. Many KELEA-attracting dipolar compounds can be used to activate water [42-44]. The water will remain active even when the activating compounds are removed by either zero residue filtration or, as in the case of Enercel, by serial dilutions. As noted above, activated water can radiate KELEA to nearby fluids. This has enabled Enercel and other KELEA activated water products to be used in flexible, sealed pouches placed directly onto the skin. These devices are referred to as wearable waterceuticals™ and can retain activity for long periods.

2.5. Enercel Therapy of Several Infectious Diseases

In individual patients and in small clinical trials, the parenteral administration of Enercel has been strikingly effective in treating several of the major diseases affecting humans. These include HIV [53]; tuberculosis, including infections due to multi-drug resistant organisms [54, 55]; HBV; herpes simplex virus (HSV) [54]; and tropical diarrhea caused by rotavirus and by bacterial infections [56]. No adverse effects have been seen with the use of Enercel, with the possible exception of a temporary discomfort in occasional patients over the first few days of therapy. This is attributed to the release of some stored toxins from the tissues. Similar transient discomforts have been seen in patients exposed to KELEA enhanced environments or who have been administered other KELEA activated water products. The most extensive clinical data relating to the ACE pathway-based therapy of infectious diseases have been with Enercel.

A primary interest in the use of Enercel is the treatment of illnesses due to stealth adapted viruses. Prominent among

these illnesses are autism [57], chronic fatigue syndrome [3, 6, 58], and psychosis [59-62]. These illnesses do not have the same precise endpoints as do most conventionally recognized infectious diseases. Nevertheless, they are ideally suited for ACE pathway-based therapy. Of particular importance is that overstimulation of the immune system in stealth adapted virus-infected individuals can lead to tissue-damaging immune reactivity against some of the remaining virus components. This can occur, for example, due to the administration of vaccines [63]. The use of KELEA activated solutions in wearable waterceutical pouches is likely to become the preferred method of enhancing the ACE pathway, along with both the drinking of KELEA activated water and the learning of ways to improve the proposed KELEA attracting function of the brain.

2.6. Distinctions Between KELEA Activated Water and Homeopathy

Proponents of homeopathy claim that their different remedies have specific healing properties, which are based upon the toxicity of the different tinctures used in their formulations. No data from controlled clinical trials have validated this assumption. Rather, it is likely that all effective homeopathic remedies are further examples of KELEA activated water products [64]. Some homeopathic remedies are recommended for subcutaneous, intramuscular, and even intravenous administration.

Homeopathic remedies are typically repeatedly jolted for about 30 seconds against a hard surface before they are consumed or otherwise administered. This process is referred to as succussion. Some proponents of activated water for drinking also advise the consumers to “shake to awake” their product just before it is consumed. For a similar reason, it is currently recommended that wearable waterceuticals be placed against the skin of the lower legs, such that agitation of the pouches will occur with walking.

2.7. Expanded Clinical Trials

KELEA activated water products have been classified as investigational Class I Medical Devices. While no approved medical claims can yet be made, it is reasonable to conclude that there could only be very minimal perceived adverse effects. Potentially, excessive consumption of KELEA activated distilled water, could result in hyponatremia or other electrolyte depletions. The possibility of an initial, temporary discomfort due to the mobilization of tissue stored toxins is addressed above. The issue of a possible placebo effect can be easily addressed by substituting either normal saline for intravenous injection, or water for local administration and for inclusion in wearable pouches.

A major task will be to organize the collection of clinical data obtainable from the experimental uses of KELEA activated water products. It is anticipated that results in patients with various major chronic infectious diseases will become available within a month of starting therapy. KELEA activated water products can be directly compared with antimicrobial pharmaceuticals in the treatment of all of the major infectious diseases affecting humans and domesticated animals. The testing of these products is clearly indicated in the

experimental therapy of symptomatic stealth adapted virus infections. Moreover, the prophylactic use of KELEA activated water products can potentially provide an alternative to vaccination in both symptomatic and asymptomatic stealth adapted virus-infected individuals [65]. Optimizing the therapeutic uses of these products will also provide a useful standard for evaluating other approaches to enhancing the ACE pathway, including the use of oscillating electrical devices to create a KELEA enriched environment.

CONCLUSION

In conclusion, enhancing the ACE pathway with KELEA activated water products can provide a potential defense mechanism against all of the major infectious diseases affecting humans. This premise is based on the concept that infections indicate an insufficiency of the host's cellular energy to effectively suppress the infecting microbes. At a minimum, enhancing the ACE pathway can be an adjunct to the use of anti-microbial pharmaceuticals and to vaccination. KELEA activated water products are certainly worth trying in infections in which antibiotics or antivirals are no longer effective or are potentially associated with serious adverse effects. Preliminary supportive data with one particular product have been obtained on the therapy of various illnesses, including HIV, TB, and tropical diarrhea. KELEA activated water products may be administered parenterally or applied to the skin or mucous membranes. They can also be included in long-acting wearable waterceuticals™ pouches. The task ahead is to move forward with clinical trials on some of the currently available KELEA activated water products.

CONSENT FOR PUBLICATION

Not applicable.

AVAILABILITY OF DATA AND MATERIALS

Not applicable.

FUNDING

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CONFLICT OF INTEREST

The authors declare no conflict of interest, financial or otherwise.

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