Alternative cellular energy as a unifying concept in complementary alternative medicine

Abstract

Energy allows cells to function and an insufficiency of cellular energy (ICE) explains many disease processes. Food metabolism has generally been viewed as providing the energy required for cellular functions, with additional direct energy input available for plants and certain bacterial through photosynthesis. This view can now be expanded with the description of the third or alternative cellular energy (ACE) pathway. The clinical benefits of several major modalities of complementary alternative medicine (CAM) may be explained as enhancing the ACE pathway. Further progress in this area should help minimize the future need for pharmaceuticals. It will also lead to a better understanding of the body as an antenna for absorbing a proposed natural energy force termed KELEA (kinetic energy limiting electrostatic attraction).

Keywords: KELEA, alternative cellular energy, ACE pathway, complementary alternative medicine, CAM, flexner, water, homeopathy, stealth adapted viruses

Abbreviations: KELEA, Kinetic Energy Limiting Electrostatic Attraction; ACE, Alternative Cellular Energy; ICE, Insufficiency of Cellular Energy; CAM, Complementary Alternative Medicine; CFS, Chronic Fatigue Syndrome

Introduction

Since the Flexner Report of 1910,1 American medicine has been predicated on the premise that all chronic illnesses result from specific cellular biochemical aberrations, potentially treatable using pharmaceuticals. This understanding has fostered enormous growth of laboratory based diagnostic endeavors, which are now approaching the extreme of personalized medicine; in which every gene in a patient can be sequenced and every biochemical pathway scrutinized.2 Pharmaceuticals are continually being developed to address each of the provisionally identified metabolic imbalances. The anticipated goal that the drug will act selectively on the intended pathway or that the identified target is indeed crucially important in disease causation are not always met. Furthermore, with few exceptions the drugs are not pathway specific. Even if the drugs were to be highly selective in their action, they will likely affect the functioning of the same pathway operating in normal cells. For these reasons, adverse effects of pharmaceuticals are to be anticipated and weighed against whatever clinical benefits are forthcoming.

The essential failure of the pharmaceutical approach to medicine is seen in the continuing high incidence of many chronic illnesses,1 in spite of the enormous costs of mainstream medicine. More troubling, the prevalence of several chronic illnesses is increasing. A prime example is autism.4 along with a broad spectrum of less severe childhood learning and behavioral disorders. Impaired neuropsychiatric functioning in adults is also becoming widespread with varying diagnostic labeling such as chronic fatigue syndrome (CFS), so called chronic Lyme disease, depression, addiction and anti-social behaviors.

Although largely outlawed by the Flexner Report and continually discredited by the Government health agencies in support of the pharmaceutical industry, there is a resurgence of interest in complementary alternative medicine (CAM). Anecdotal data describe recovery of some individuals with many of the above mentioned illnesses following CAM based therapies. Progress has been hampered both by the variability and generally poor predictability of patient outcomes and by the insistence by mainstream medicine for a credible scientific mechanism that can explain the reported recoveries.5

Research stemming from the identification of stealth adapted viruses,6 and of the alternative cellular energy (ACE) pathway addresses this need and provides a unifying,7 testable hypothesis for the mode of action of many of the more promising CAM based therapies. This paper outlines the essence of this hypothesis. Supporting data are available in the cited references.

KELEA (kinetic energy limiting electrostatic attraction)

The basic postulate is that a natural force is reversibly attracted to separated electrical charges. The force was initially envisioned as being fundamentally necessary to prevent the fusion and possible annihilation of opposite electrical charges when electrostatically attracted to one another.4 It may also explain the repulsion of like electrical charges. The notion was extended to that of a natural force able to loosen the intermolecular hydrogen bonding between fluid molecules.5 The loosening is readily seen and measured as a lowering of surface tension and increased volatility of KELEA activated fluids.

KELEA activated water

While regular water does not ordinarily absorb KELEA from the environment, it can be transferred to water using a variety of methods. For example, various dipolar and multipolar chemical compounds can attract and transmit KELEA into water, possibly in an oscillatory manner. The absorption of KELEA is evidenced by the progressive increase in the fluid’s kinetic activity and volatility.5

Several compounds with clearly separated electrical charges are well known to farmers as means for enhancing crop productivity.
Included are low concentrations of humic/fulvic acids, zeolites, volcanic rock, magnesium oxide pellets and other mineral-rich materials. Certain pharmaceuticals, including procaine and lidocaine, as used by neural therapists; EDTA used in chelation; ascorbic acid (an anti-oxidant); chlorine dioxide (an oxidant); are essentially dipolar molecules. Enerceuticals food items include various herbal tinctures, cocoa, coffee as well as leaf extracts from Moringa oleifera trees, and ashitaba (Angelica keiskei) plants. Ongoing studies indicate that all of these compounds are capable of attracting KELEA into water.

The most intriguing materials to activate water are fluids that have previously been activated. This occurs in the manufacturing of homeopathic remedies. Homeopathic products have been promoted as being symptom specific (Laws of Similars), but without compelling data from any cross-over studies. The misleading concept of specificity helps maintain a seemingly necessary role for the homeopath in clinical diagnoses and, for some, in the formulation of patient specific remedies. In reality, effective homeopathic products are beneficial in a wide range of illnesses, including cancer, HIV, tuberculosis, hepatitis and amyotrophic lateral sclerosis.

Electrical energy applied directly to water can also achieve charge separation. Repetitive on-off switching of electrical devices can also provide a non-electromagnetic source of energy, identified as “radiant” or “impulse” force by Tesla. This principle applies to many devices such as Edgar Cayce’s Violet Lamp, Royal Raymond Rife Beam Ray, Georges Lakhovsky’s Multiwave Oscillator and Panos Papas’ Papimi pulsed electromagnetic field (Reviewed in 8). A discharging van de Graaff generator also provides similar pulsed electrostatic fields.

Other validated approaches to creating sufficient KELEA to nearby activate water is to seemingly force identical electrical charges into the same area. This may explain the efficient activation of water using diagonally placed fluctuating lights pointed to a central area or using bifilar coils transmitting bidirectional direct current (unpublished data).

Various combinations of water activating technology are being introduced at minimal costs into water bottling facilities for extended controlled clinical studies. The water products are being classified as KELEA Activated ACE water on the basis of testable increased kinetic activity and other related properties. Various compounds added to water during the activation process can be subsequently removed by filtration or greatly reduced in their concentration by dilution. Home use and potentially large municipal water activating devices are under consideration.

The goal is to help ensure that essentially all drinkable water is either naturally able or induced to be able to significantly enhance the ACE pathway. The benefits will be especially noticeable in patients with impaired metabolism resulting from pulmonary, cardiovascular and/or metabolic diseases or in those who are increasing metabolic demands because of infections and during wound healing. The peak performance of athletes may also provide a easily measurable parameter of improved cellular energy.

**Agricultural studies, disease resistance and delayed aging**

ACE pathway related studies are being conducted in agriculture with very impressive increased productivity results in fields treated with inserted cartridges containing pellets formed powdered and heated volcanic rock as the water activating device. Among the more interesting additional observations in the plant studies have been:

- The diminished inflation and disease in treated versus control crops;
- Delayed ageing in certain types of produce (unpublished). The first finding is consistent with the role of the ACE pathway in the defense against infections (discussed later). With regards to the second finding, while with certain types of treated food crops, e.g. soy bean, the time to harvest is significantly shortened; for other crops e.g. rice and sugarcane, the plants stay in a growing phase as the controls enter senescence. The prospect of the ACE pathway delaying senescence has enormous potential importance in human ageing. The recent report of rejuvenation in elderly rodents from infusion of plasma from young but not from old adults may simply reflect differences in kinetic activity of the body’s fluids as a function of age.

**Cancer and inflammation**

Many cancers can be viewed as a diversion of cellular energy away from apoptosis and towards survival. Similarly, cellular metastases can be interpreted as an energy seeking process by cells deficient in locally available energy needs. Tumor excision and chemotherapy have largely obscured evidence for the fluctuating nature of tumor growth that can be observed in certain untreated cancer patients. One such patient known to the author lived with breast cancer for over 10 years noting that its diameter varied from approximately 1 to 10cm. She adjusted her lifestyle in response to increasing tumor size and fell confident, except in the last stage of her illness, that the tumor was able to recede in size by a natural, painless process. Tumor regressions described by clinicians in response to homeopathy, acupuncture and other CAM modalities is also stated to be essentially painless (personal communications), suggesting a lack of major involvement of the immune system triggered inflammation. This contrasts with chemotherapy in which tumor necrosis occurs and, unlike apoptosis, does evoke painful inflammation and cytokine release.

Similarly, recent successes using adoptive immunotherapy of cancers are not-uncommonly accompanied by cytokine storms and other symptoms.

While inflammation is generally considered as the defense against invading microorganisms and as a healing response to tissue damage, it may also be a mechanism of retrieving essential nutrients in response to a failure of other cells to meet their energy needs. This concept is consistent with the anti-inflammatory benefits of homeopathy and other CAM modalities. It is also supported by the observed worsening of symptoms in Alzheimer’s disease patients receiving non-steroidal anti-inflammatory medications, and yet an apparent slowing of tumor growth. Energy seeking self-directed inflammation may possibly provoke a perpetuating autoimmunity against normal tissues.

**Infections**

As noted above, the early understanding of the ACE pathway arose from studies on the body’s non-immunological defense against stealth adapted viruses. These viruses fail to evoke an inflammatory response in humans or animals; the typical hallmark of conventional virus infections. Nevertheless, the viruses are cytopathic in vivo and when cultured on human and animal cells. Stealth adapted viruses can also be cultured from infected animals and can readily induce
disease when inoculated into cats.31 Stealth adapted viruses have been routinely cultured from the majority of tested patients with a wide range of neuropsychiatric illnesses, including autism, CFS, Alzheimer’s disease and bipolar illness.38–42

The explanation of stealth adaptation is understandable within the context of the Clonal Selection Theory of Immunology.41 This theory dictates that relatively few virus components are normally targeted by cytotoxic T lymphocytes. Genetic analyses on isolated stealth adapted viruses support stealth adaptation as a generic immune evasion mechanism resulting from the lost or mutation of genes coding for the antigens normally targeted by the cellular immune system.36

Although the immune system normally fails to effectively respond to stealth adapted viruses, infected cells can undergo a repair/recovery process. This was readily seen during the culturing of the viruses and confirmed in virus inoculated animals.7,35 The recovery is attributed to the cellular production of commonly pigmented materials with energy based properties. These include ultraviolet (UV) fluorescence, especially in the presence of neutral red dye, occasional ferromagnetism, formation of vapor when suspended in water and electron donating capacity. The materials display self-assembly into larger particles and fibers that form outside of the infected cells. Structural analyses of the materials revealed a diverse range of aromatic and simpler aliphatic compounds, with selective bonding to various minerals. Since there was marked disruption of the mitochondria in infected cells, the proposal was advanced that these materials were providing a source of cellular energy distinct from that derived from food metabolism.7,34,35 Several observations, including the survival of cultured unfed cells for over a year supported this proposal. Accordingly, the materials were termed alternative cellular energy (ACE) pigments. Similar materials were readily identified in dried perspiration from stealth adapted virus infected patients and have been particularly linked to a clinical condition termed delusional parasitosis by dermatologists/psychiatrists and Morgellon’s disease by patient support groups.34–46

The ACE pathway can mediate recovery from conventional herpes virus virus infections as shown by the expedited healing of herpes simplex virus (HSV), herpes zoster virus (HZV) and human papillomavirus (HPV) skin lesions by applying neutral red dye and UV illumination. Involvement of the ACE pathway is shown by the marked fluorescence occurring in the treated lesions.47,48 Using a similar approach, UV illumination of neutral red dye soaked paper towels placed onto the skin of children with autism and then sprayed with KELEA activated fluids led to significant clinical improvement in children with autism.49

Successful outcomes in patients with various bacterial, virus and parasitic infections have been noted in patients receiving various CAM treatment modalities. While typically attributed to activation of the immune system, it is far more likely that these procedures operate through enhancement of the ACE pathway.50,51 This is particularly relevant to the therapy of infections occurring in patients with damaged immune systems, such as in AIDS and following radiation and chemotherapy.

Monitoring of the ACE pathway

The detection in dried perspiration, saliva and urine of materials that fluoresce more strongly with the addition of neutral red dye, is one of several relatively simple methods available to assess the ACE pathway.52 ACE pigments are perceived as miniature batteries. Neutral red dye is required to evoke the fluorescence of discharged ACE pigments; while partially charged ACE pigments will also directly fluoresce with UV illumination. The direct and neutral red evoked fluorescence diminishes as the particles become more fully charged.

Increased capillary circulation rate can be assessed microscopically by observing blood flow at the base of the nail bed. It increases with the ingestion of KELEA activated water. Dark field analysis of blood can also discern the increased ionic repulsion of erythrocytes upon activation of the ACE pathway.

Various other biological markers are under review as possible correlates of the ACE pathway. A swimmer reported being able to swim underwater farther after magnetic pulse therapy. This led to early studies on efforts to extend the time of breath holding as a parameter of the ACE pathway. The capacity for sustaining various forms of neuromuscular activity, such as standing on one leg with eyes shut, is also a possible measure of available cellular energy. Electrodermal screening may also be a measure of brain-influenced electrical transmission, as might be the speed of resisting attempted limb movement in applied kinesiology. A fascinating aspect of some of these measures is how quickly they can be modulated, as if there is an overriding, near-instantaneous systemic control process over the functioning of the body’s cells.

Is the brain an antenna for KELEA?

An exciting frontier that links the brain to the kinetic activity of the body’s fluids is the notion that fluctuating electrical charges on neurons may act an antenna to bring KELEA into the body’s fluids.53 This notion is not as farfetched as it may first appear. It was expressed in the writings of Mr. Emoto.54 Quite possibly, the better formed ice crystals that he showed as forming from water that had been prayed upon was a reflection of slightly reduced freezing point; a known marker of activated water. Certain healers claim a capacity to activate water and commonly discuss having to adopt attitudes of gratitude and humility. Less repressed individuals, with apparent water activating capacity, attribute health value to their joyfulness and learned optimism. In an informal study, 4 water sample taken to a laughing yoga class clearly became activated when compared to 4 control samples not taken into the class.53

Consistent with other correlations, it can be suggested that increased kinetic activity of the body’s fluids parallels increases in alpha and gamma brain wave activity, dopamine expression and peripheral parasympathetic stimulation. Anecdotal examples are occurring, which suggest a positive feedback loop between the consumption of ACE water and more effective intrinsic water stimulating activity of the brain. This notion clearly implies that the ACE pathway serves a biological purpose beyond that of food metabolism in being a direct stimulus to brain activity. Issues of consciousness, self-awareness and empathy are possibly influenced far more by the ACE pathway than by cellular energy acquired through the metabolism of food. The fluctuating electrical activity of muscle cells and indeed of all cells may provide energy and enable more rapid responsiveness of the body to various stimuli beyond that supplied by food metabolism. Detailed understanding of the ACE pathway and means of its enhancement holds promise as a major alternative to pharmaceutical driven medicine.

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Conclusion

This article introduces a new paradigm of healthcare. The emphasis is on the importance of the third or ACE pathway. It is expressed as a kinetic quality of the body’s fluids. The ACE pathway is seen as an adjunct to cellular energy obtained from food metabolism. Many illnesses are interpreted as an indicator of an insufficiency of cellular energy, potentially correctable through an enhancement of the ACE pathway. The ACE pathway may also convey specific properties to cells of the immune and nervous systems. The former can provide effective defenses against infections, including those caused by stealth adapted viruses. The role of the ACE pathway in the nervous system may extend to aspects of higher level brain functioning, including consciousness. The ACE pathway can be enhanced by many of the common modalities of CAM and also by the consumption of activated water. Of special interest is the potential positive feedback between the brain and the kinetic quality of the body’s water.

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Conflict of interest

The authors declare that there is no conflict of interest.

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