Alternative Cellular Energy Based Therapy of Childhood Diarrhea

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Abstract

Enercel is a licensed water product that is able to convert physical energies into a biological energy that can be utilized by cells to help maintain normal function. It is generated by successively diluting a mixed solution of various minerals and diluted products from the Homeopathic Pharmacopoeia into water containing 4.0% v/v alcohol. ***Enercel*** is bottled using Good Manufacturing Practice (GMP) procedures and quality controlled by Vijosa Laboratory, at San Salvador, El Salvador. In the present study, ***Enercel*** was evaluated as an adjunct to the routine care of children under 5 years of age presenting with acute diarrhea. An intramuscular injection of 3 ml of ***Enercel*** was provided to a randomized group of children (n = 58) upon hospital admission and again 12 hours later. The children were discharged at 24 hours and reexamined 48 hours later. Compared to the initially well matched randomized control group (n = 53), at 48 hours post hospital discharge the ***Enercel*** treated group had fewer children with persisting increased peristalsis ($p<0.001$), dehydration ($p=0.0224$), fever ($p=0.0126$) and continued multiple bowel movements ($p=0.0035$). Benefit occurred in both rotavirus antigen positive and rotavirus negative children with acute diarrhea. ***Enercel*** represents a class of broadly acting non-toxic therapies that can seemingly enhance the body's capacity to regain normal cellular function through a recently defined alternative cellular energy (ACE) pathway. ***Enercel*** and related products have potential application in the prevention and therapy of many of the major illnesses in both developing and developed countries.

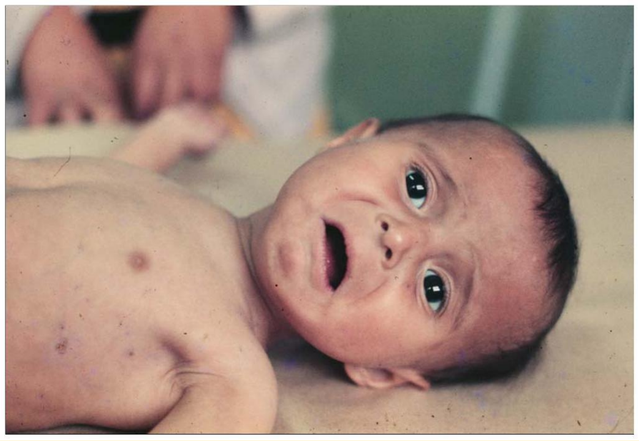
Introduction

Acute infectious diarrhea is a major cause of morbidity and mortality in the developing world; especially among children less than 5 years of age. While there are multiple causes, including both bacterial and viral infections, the diarrhea essentially reflects an inability of the intestinal epithelial cells to absorb the excessive fluid secreted into the intestinal lumen. Restoring normal cellular function is an energy-requiring process. Therefore, patients with diarrhea could potentially benefit from receiving an alternative (non-mitochondria) source of cellular energy. Alternative cellular energy (ACE) generating activity is contained in the energized water product ***Enercel***. This presentation records that the addition of ***Enercel*** as an adjunct to routine patient care of children with diarrhea significantly improves clinical outcome.

Materials and Methods

Children presenting with acute diarrhea to the Emergency Unit of the Benjamin Bloom National Children's Hospital in El Salvador were admitted for 24 hours and instructed to return for a follow-up evaluation 48 hours after discharge. Children eligible for inclusion in the study were randomized to either receive or not receive Enercel, intramuscularly at a dose of 3.0 ml given at the time of admission and 12 hours later. Except for this difference, all patients were provided the same routine diagnostic and clinical care appropriate to their illness. Clinical evaluations were done by independent clinical staff.

Patients



Results

Retrospective analysis of the illness prior to admission and clinical and laboratory examination on admission of the 124 patients revealed no significant differences between the two groups

Nor were significant overall clinical differences seen between the *Enercel* treated and control groups of children at 6, 12 and 18 hours post admission.

By 24 hours, however, a quantitative measure reflecting the combined severity of multiple symptoms within the *Enercel* treated children was statistically significantly less than that of the control children. Analyses of individual symptoms and signs at this time point confirmed the trend towards improvement but not at statistically significant levels. For example, 28 of 65 *Enercel* treated children had passed less than 100 cc of feces during the preceding 6 hours compared to only 18 of the 59 control children ($p = 0.19$). Major improvements in multiple clinical parameters were, however, readily detected when the two groups of children were reassessed 48 hours after discharge. In addition to an overall clinical evaluation, each child at this time point was evaluated for residual symptom of dehydration, peristalsis, abdominal tenderness and fever. In addition, the number of bowel movements and episodes of vomiting since hospital discharge were noted. Nine of the control group of children had a YOS of 8 or greater compared to only 2 of the *Enercel* treated group (Chi Square Fisher exact p value 0.0519). Statistically significant reductions were noted in the frequency of peristaltic waves ($p = 0.0001$), persisting moderate dehydration ($p = 0.0224$), fever ($p = 0.0126$) and multiple bowel movements since leaving hospital ($p = 0.0035$).

Summary of Randomized Study

177 children initially enrolled
35 excluded for urinary tract infection
18 parents decided not to proceed

124 patients evaluated while in hospital
65 received Enercel plus standard care
59 received only standard care
Overall improvement seen at 24 hrs.

111 patients evaluated 48 hr post discharge
58 received Enercel plus standard care
53 received only standard care

Marked improvement in multiple clinical parametersobserved in the Enercel treated children

Conclusion

Enercel administration benefits children with acute infectious diarrhea. It provides a non-nutrition based source of cellular energy through an alternative cellular energy (ACE) pathway. Activation of this pathway has been shown to expedite healing of skin lesions due to conventional herpes and papillomaviruses5 and may play a major role in the recovery from stealth-adapted virus infections that are not effectively recognized by the cellular immune system

The most notable benefits were seen on the return visit of the children 48 hours after they had been discharged from the hospital. Compared to the control group, some of whom had actually regressed since discharge; fewer children treated with ***Enercel*** had persisting increased peristalsis, moderate dehydration or an elevated temperature. They had also experienced less frequent bowel movements since discharge from the hospital. The data underscore the lack of complete resolution of symptoms by those receiving standardized care and to a lesser extent even in those receiving ***Enercel*** as an adjunct to standard care. Persisting symptoms are not uncommon with episodes of childhood diarrhea and can contribute to the faltering growth and malnutrition seen in many of these children.

Enercel and other cellular energy boosting products (enerceuticals) differ from typical pharmaceutical agents in that they are not directed against a particular biochemical pathway or disease process. Rather, they are intended to assist in the body's own recovery process by providing an added biophysical source of cellular energy through the alternative cellular energy pathway.

Additional information is available at www.s3support.com