



Covid-19 and Airnergy+ Active Oxygen

By Stephen Box (univest.blog)

Covid-19 is presenting challenges to healthcare, the most significant of which is the supply of ventilators to help people for whom coronavirus has attacked their lungs making it difficult for them to breath. We now hear that Imperial College, London are working with Mercedes Formula1 racing in Northampton to produce a device that can attach to a source of medical oxygen and deliver the required oxygen through a facemask. But Mercedes Forumula1 can only produce 1,000 units per day and you still need 1,000 hospital beds with an oxygen supply, and the care staff.

But there is an established German technology, only known to the astute few in the UK, but widely used throughout Europe by the like of elite sports people and Formula1 racing drivers that can extract this valuable active oxygen, the life support system of every major organ in the body, from the air we breath and without the need to be attached to it for more than one hour each day if Covid-19 positive. For general preventative maintenance no more than 2-sessions of 20-minutes per day. Which means a family can use one device in the comfort of their own home without any medical supervision.

As you would expect the medical grade version of this technology is not cheap, but significantly cheaper than the alternatives. And it is easy to use. So, what is the science that makes this so valuable at this time?

All cellular metabolic processes in the human body are dependent on oxygen. As every child knows no human being can live for more than a few minutes without oxygen before taking another breath – or dying. Life begins with our first breath and ends with our last. But, as was found with the space program in the 1960s, pure oxygen can make you sick. The Americans used pure oxygen for the atmosphere within space vehicles which made astronauts sick after just a few days whereas the Russians secretly realised that they needed to emulate an atmosphere corresponding to the ideal atmosphere on earth. So, what is the difference?

We do not breathe air, we breath atmosphere which consists of air and at least one variable, the water content – the very essence of life. This water content is measured as relative humidity and temperature. The combination of these two variables determines how comfortable we feel but, more importantly, how healthy we feel.

Water defies all universal laws of physics on earth, but there is no life without it. Years of research, and no less than 3 Nobel prizes has taught us that the water in the air we breath is fundamental to our well-being. However, mankind has noted that the more industrialised we become, the more pollution in the air we breathe, the more respiratory illnesses. As the elementary presence of water in the atmosphere becomes contaminated the mucous membranes in the nose dry out slowly losing their natural filtering function allowing fine dust, pollen, viruses and bacteria to penetrate our bodies. As a result, the bronchi clog, reducing their capacity to cough fine dust. The lack of elemental water in the air we breath and the fine dust invading our lungs, the alveoli, whose natural purpose is gas exchange, lose their membrane function. Gas exchange in the lungs decreases, vital oxygen required by all organs of the body is not transferred to the blood, and CO₂ is not adequately disposed. The dysfunctional oxygen transportation via our lungs into the blood results in illness and ageing, and the primary responsibility for this is the lack of elemental water in the air we breathe and the indispensable catalyst in the alveoli.

The respiratory epithelium is a layer of specialised epithelial cells that line most of the respiratory tract but is not required for gas exchange but for cleansing the respiratory tract and is dependent upon the water content of the respiratory air. Gas exchange occurs in the alveoli. So, the function of our lungs drives our well-being but is not solely reliant upon oxygen, but also upon the water in the air we breathe with its energetic qualities.

This energised water is created in nature by turbulence in water such as streams and rivers and by infrared radiation of the sun in connection with chlorophyll, the green pigment of leaves and plants in nature. Scientists have proven the existence of a special form of water molecule in the atmosphere under natural conditions which plays a dominant role as energy sources in all known biological processes including the driving force behind gas exchange in the lungs. This energy source is called Active Oxygen.

Today technology can convert the low-energy, polluted ambient atmosphere in which most of us live into clean, high-energy breathing air that will re-energise our lungs and provide the natural organs of our body with the Active Oxygen they need to function well. One such patented technology is Airnergy+ and which has been used now for some years, primarily in elite sports, and is referred to as Spirovital Therapy. I found the need for this technology after recent heart surgery where an over-zealous surgeon tightly sutured so much of my soft tissue that my left lung was barely functional for some 7-months. Amongst the numerous resulting health issues, I noticed my eyesight had significantly deteriorated so, in December 2019, went for my annual eye test. My regular optometrist was shocked at the deterioration, especially the presence of intermediate macular degeneration. I went to Moorfields Eye Hospital in London only to be told there was no known treatment (in the UK) for AMD. As a former scientist, I scanned the world looking for answers. I came across much work on Active Oxygen, including the Nobel prizes for the detection of this special Active Oxygen in our atmosphere and its fundament relevance to human well-being. I quickly realised that I had suffered oxygen starvation throughout my body because of the significant reduction in my lung capacity. I eventually managed to tear the scar tissue to rid me of this impediment but needed to turbocharge the Active Oxygen in my blood to see if I could reverse any of the damage.

I was surprised to find that the eyes are the most significant user of Active Oxygen of any organ in the body. Optometrists now tell me that they have long suspected that degradation of eyesight, and especially macular degeneration (AMD), has something to do with oxygen supply in the blood. After much research of clinical trials over some years I opted to try the medical grade Airnergy+ Pro Plus which at some £4,600 is no mean investment for a retired individual (lesser active models available).

After just five weeks of two sessions of 20 minutes per day I went to a specialist optometrist in Harley Street, armed with the data from Moorfields Eye Hospital and my pre-surgery eye test, to be told that my sight had almost restored to pre-surgery levels. Her word was 'remarkable' and wanted to know more.

Unfortunately, that trip into London exposed me to Covid-19. I increased my use of Airnergy+ to 3 x 20 minutes per day preventing coronavirus any ability to attach itself to my lungs. Eight days later and 5kg lighter I am now through Covid-19. I encouraged a very special medical friend in Switzerland who suffers from asthma to try this therapy to protect him. After just two weeks his asthma, and general well-being has significantly improved. The evidence of the efficacy of this technology is clear and should be deployed in the fight against Covid-19 as a relatively cheap and most certainly effective protection.

Airnergy+ info at:

UK: www.biolifesolutions.co.uk

Other: www.airnergy.com

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