

Crohn's Disease and the Intrinsic Property of the Human Body to Dissociate the Water Molecule: Report of a Case

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1. Abstract

Crohn disease is a chronic idiopathic inflammatory bowel disease condition characterized by skip lesions and transmural inflammation that can affect the entire gastrointestinal tract from the mouth to the anus. Presenting symptoms are often variable and may include diarrhea, abdominal pain, weight loss, nausea, vomiting, and in certain cases fevers or chills.

In some cases, extraintestinal manifestations may develop, up to a third of patients will develop perianal involvement of their disease. The diagnosis is made with endoscopic and/or radiologic findings. The main aim of therapy is to control the inflammation and induce a clinical remission with pharmacologic treatment, most patients will eventually require surgery for their disease.

Surgery is not curative, and patients still require ongoing therapy even after surgery for disease recurrence. A new therapeutic option emerges because of our discovery of the unsuspected ability of the human body to take oxygen from the water it contains, and not from the atmosphere, as was previously believed. The results are good, quite good. We are reporting a case.

2. Background

Crohn's Disease (CD) is a chronic inflammatory condition affecting the gastrointestinal tract that often causes extraintestinal complications. Inflammation may occur at any point from mouth to anus [1]. The occurrence of stricturing complications or intestinal and perianal penetrating complications, typically requiring surgery [2]. Given

the risks of complications from both Crohn disease and the medications and surgery used to treat the disease process, patients commonly receive corticosteroids to treat symptom flare-ups [3].

There are three factors at the time of diagnosis that increased the chance of disabling disease during the 5 years following: (1) age <40 years old, (2) presence of perianal lesions and (3) the requirement for steroids to control the first flare [4]. CD is a chronic disease requiring lifelong monitoring. Surgery is not curative, some patients need more than one intestinal surgery, or establishment of a permanent stoma. Death is usually related to CD, or worst, complications of CD treatment.

Disease flares were treated with mesalamine (3 to 4 g daily) or steroids (prednisolone 1 mg/kg per day, or budesonide 9 mg per day, each progressively tapered after 4 weeks), according to their clinical severity. Immunosuppressive drugs were used in patients that were steroid dependent or poorly responsive to steroids. Azathioprine (2 mg/kg per day) was preferentially used as the immunosuppressive drug and increased to 2.5 to 3 mg/kg per day if needed. Intramuscular methotrexate (15 to 25 mg, weekly) was used in patients unresponsive or intolerant to azathioprine. Surgery is performed for stenotic complications, extra-parietal complications, or intractable forms of CD after well conducted medical management [5].

Different from colitis, ileal CD is characterized by a higher need for surgery, balanced by a lesser inflammatory activity [6]. Data showing that rectal involvement is associated with a higher risk for permanent stomas in patients requiring surgery for perianal lesions [7]. In general, long-term evolution of CD is weakly predictable

3. The Unsuspected Intrinsic Property of Human Body to Dissociate the Water Molecule, Like Plants

Since atmospheric oxygen was characterized in the mid-18th century, it was also found to be very scarce in the atmosphere. 100 years later, in the middle of the 19th century, when the study of the biochemistry of the human body was deepened, it was found that oxygen levels inside the human body were about 5 times higher than in the atmosphere, which triggered discussions and heated controversies, since until then it had been considered that by ventilating and introducing air into the lungs, CO₂ was expelled, and by simple diffusion the atmospheric oxygen crossed the thin alveolar wall reaching the pulmonary blood capillaries [8].

However, the so-called simple diffusion mechanism could not explain the notable difference between atmospheric oxygen and the levels of oxygen observed inside the human body [9]. The mistake about the origin of oxygen inside the human body gave rise to other conceptual errors, such as that our organism obtained energy by combining the glucose that we obtain from food with the oxygen that came from the atmosphere.

And just as the explanation about the mechanism by which atmospheric oxygen “traversed” the thin alveolar wall was imaginary for decades, then explaining how this hypothetical atmospheric oxygen was transported by the bloodstream (also by theoretical mechanisms), then, simply, the explanation of how glucose was oxidized inside the body, generating heat to maintain body temperature at 37 degrees and, at the same time, energy that drove the vast majority of the biochemical reactions of the organism through ATP, also had to be imaginary [10].

The mechanism by which our body obtains oxygen from intracellular water is astonishingly exact and has not changed since the beginning of time. But said accuracy is disturbed by polluted water, polluted air, pesticides, herbicides, fertilizers, metals, plastics, solvents, industrial waste, extreme temperatures, dehydration, etc. And since it is the fundamental reaction of life, when it becomes unbalanced, then the body becomes disorganized and that is when diseases appear. The name of the disease does not matter, because the body ignores it.

For the functioning of the body to be altered, it is necessary to start at this level. And if the levels of oxygen, hydrogen, and electrons that coming from water dissociation are adequate, the body works fine, just as it has done for millions of years. The effects of the imbalance of the first reaction of life, can manifest in any way and is unpredictable. In the case of this patient, the imbalance was manifested by a clinical picture compatible with Crohn’s disease.

4. Case Report

Female patient, with a date of birth of March 18, 2007, with Dx. of Crohn’s Disease (CD) in March 2020. Four gastroenterologists tell her that she cannot be not cured only controlled. The diarrhea does not go away, up to 15 episodes a day and about 9 at night. When she gets nervous, she sheds blood. She refers anal fistula.

The weight loss was marked, the weakness made it difficult for her to even walk, the parents reported that they had to put a diaper on her since she could not even take care of herself.

The patient has become very weak in these two years of evolution, partly due to the disease and partly due to the treatment, to such an extent that she requires a diaper. Due to the intensive use of corticosteroids, the patient has developed some data compatible with Cushing’s syndrome (Figure 1).

Laboratory analyzes did not show important data. Endoscopic images (Figure 2) from March 24, 2021, showed the following:

The ophthalmological examination yielded interesting findings that are shown below (Figures 3, 4)

Our concepts about the functioning of the body were explained to the patient and her relatives, as well as the satisfactory experiences in other patients with similar symptoms, and once they accepted, we indicated QIAPI 1(TM) sublingual drops every hour, During the entire time that the patient was awake, the other medications were suspended, and an appointment was made in 4 months.

The patient returned to the consultation on April 4, 2023, showing a significant improvement in the symptoms, and even the anal fissure had disappeared at the end of the second week of treatment. On clinical examination, a decrease in facial plethora can be seen (Figure 5, 6).

In relation to discomfort regarding vision, the patient also reports improvement, and below we present the eye fundus photographs (Figures 7, 8).

The patient was told to continue with the same treatment and return for a follow-up visit in 6 months



Figure 1: Facial plethora in this patient at first consultation.

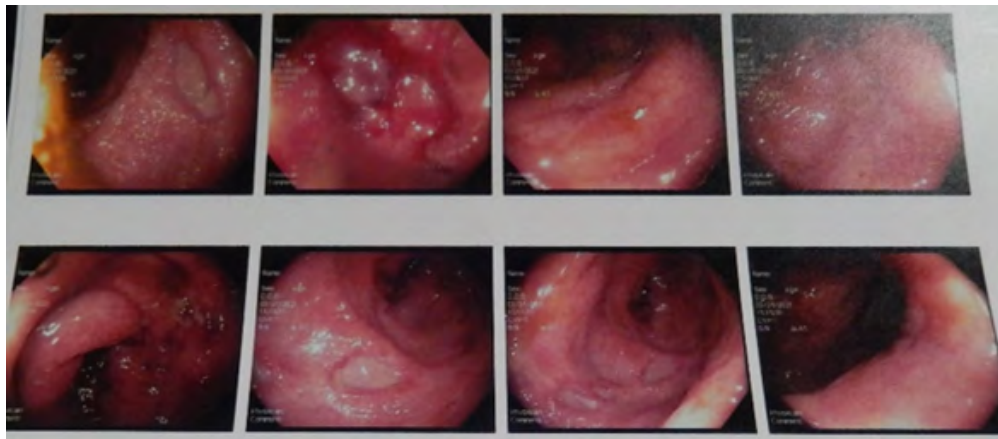


Figure 2: The endoscopist's report described the following: "After sedation by anesthesiology, a rectal examination was performed, finding mild active bleeding, a video endoscope was inserted reaching the sigmoid, and finding a stenosis 30 cm from the anal margin, as well as 6 ulcerations from 4 to 6 mm, with friable mucosa and absent vascular pattern".



Figure 3: In the fundus image on the right side, a moderate but generalized edema can be seen that seems to preserve the anatomy. The red filter image (bottom right) shows the partially constricted choroidal blood vessels.

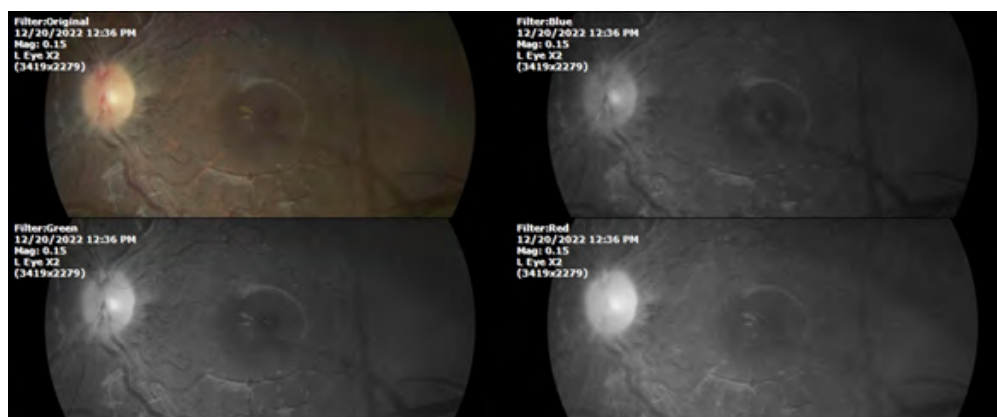


Figure 4: The fundus photograph on the left side shows a generalized and marked edema of the structures, including the macula and optic nerve, with significant deformation of its anatomy.



Figure 5: After three months and 15 days of treatment, the facial plethora has improved significantly, the patient has gained weight, her mood and general condition have already allowed her to return to school two months ago.



Figure 6: The patient shows a significant improvement in her general condition, since she attended the first consultation (Dec/20/2022) in a wheelchair, due to the weakness she was presenting at that time.

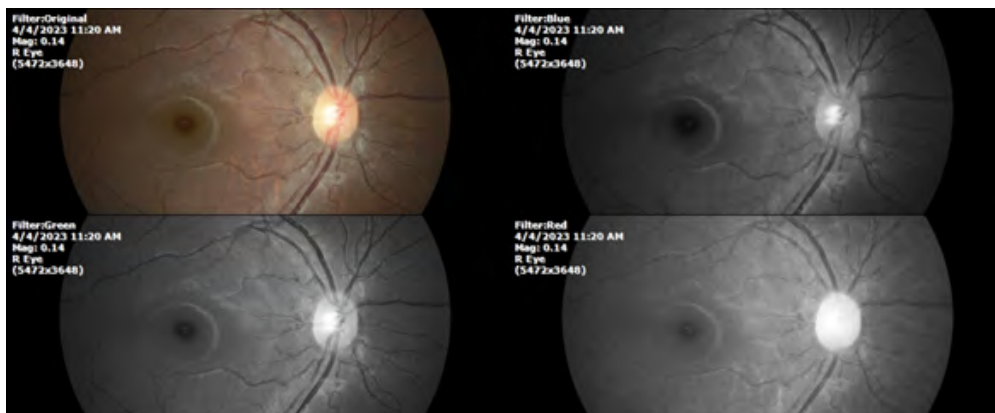


Figure 7: The morphological aspect of the fundus structures on the right side shows positive changes, and do not seem to be leaving sequelae.

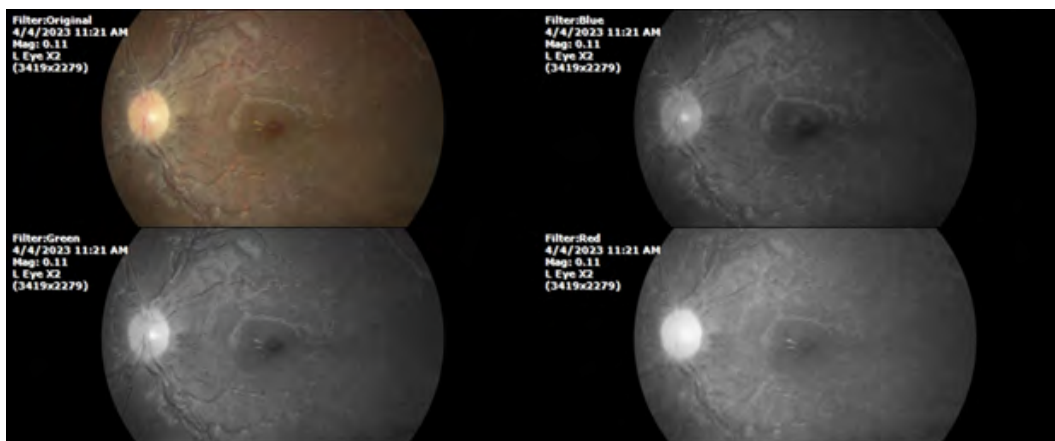


Figure 8: The left eye fundus photograph, as expected, has not yet completely improved, but the edema of the tissues has "loosened" and there do not appear to be permanent sequelae.

5. Conclusion

The concept of 300 years or more that our body takes oxygen from the air and on which the physiology of the human body is presented, have come to an end. The Crohn's disease patient presented here is tangible proof of the need to correct the age-old misconception that our body obtains oxygen from the air around it. Even more so when it is a controversy that dates to the end of the 19th century, when experimental evidence began to contradict the false belief that the high levels of oxygen inside the human body came from atmospheric oxygen, and even worse by simple diffusion.

The Bohr's concept of active cellular participation in diffusion that is supposedly compatible with the Krogh's mechanism of capillary recruitment [11], now it is out of the question, because Christian Bohr was more right than he thought [12], since the oxygen present inside our body is an active secretion of the cell, but not only the lung cells but each and every one of the cells that make up, since each cell in our body has the necessary molecules to dissociate the water molecule, which makes them energetically independent, since by dissociating the water molecule through various photopigments, the cell obtains the oxygen it requires but also obtains hydrogen, the energy carrier par excellence in the entire universe.

Christian Bohr also had been correct in the sense that the diffusion capacity at rest is not great enough to explain the transport during work. The insistence of Krogh and other researchers that the putative oxygen gas exchange mechanism is entirely passive [13] is probably because the hypothesized energy from glucose is otherwise still less congruent with the metabolic needs of the human organism.

The rate of O_2 generation (from water dissociation) it is sufficient to account for the O_2 blood and other tissues O_2 levels even at high altitudes or during various pulmonary diseases. It is more consistent that CO_2 tends to rise when alveolar tissue is affected for some reason, since the main function of lung tissue is to expel CO_2 . And in turn, the biochemical processes inside the cells that extract oxygen from water are quite sensitive to high levels of CO_2 , as these inhibit them.

The main function of the different photopigments that the cell and

eukaryotic organisms have, we now understand, is to provide oxygen and hydrogen to the cell through the dissociation of the water molecule, as in plants. This process is fundamental in the series of chemical processes that, when concatenated, make up what we call life. But if the very first reaction of life (generation of oxygen and hydrogen from intracellular water) is out of balance, The rest of the sequence, which is also very ordered in time, form, and space; it tends to become disorganized, and that is when illnesses appear. It could be said that, given the perfection of the systems that cells possess, it is necessary for any disease to begin at the level of oxygen generation, because while the levels of oxygen, hydrogen, and high-energy electrons that the cell obtains by transforming the sunlight into chemical energy through the dissociation of water, are adequate, tissues, organs and systems will function properly, as it has been since the beginning of time. And this demonstrative case of Crohn's disease is irrefutable proof of our proposal.

A door is opened in the case of Crohn's disease that will allow us to improve the quality of life and health level of these patients.

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6.1. Conflict of interest: QIAPI 1™ was developed at our facilities.

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