

Eye Rejuvenation with WIT® Technology

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Hypotheses:

WIT® gas is easily permeable through the cornea of the eye, into the aqueous humor, diffusing to the vitreous humor and interstitial fluids of the retina.

The WIT® gas has a detoxifying role in the fluid. Due to the extra electron charge in the sp^3d configuration of the wattah® it acts like an antioxidant to neutralize toxicity.

The high negative charge from the excess electron in the Wattah® molecule promotes the diffusion and thus the transportation of nourishment in the eye. This may be due to the reductions of tensile strength of the water in the eye, from the treatment.

As the choroid diffusion increases, the anti oxidant reactions increase in the eye.

Watt-ahh®

Watt-ahh® is polarized water that is made by infusing Dioxytetrahydride Gas (a special 100% water-based gas under the U.S. registered Trademark of **DiTetra Gas®**)

WIT® gas binds an extra electron charge to the water molecule which delivers a free electron to the mitochondria. This adds “free” energy to the cell and increases the repair and functionality.

The cells that maintain the eye appear to be revitalized by the treatment such as the microglial cells, horizontal cells, amacrine cells and astrocytes.

By supplying WIT® to the front of the eye, the water is absorbed into the anterior chamber through the cornea and diffuses to the vitreous chamber to the Pigmented Retina Layer, so the layer gets nourished from both sides.

The blood and nutrient supply in the eye is unique compared to the rest of the body.

The circulation of blood to the eye receives oxygenated blood from the Carotid artery to the Ophthalmic Artery and then rapidly forward through the retinal and ciliary choroidal vascular networks.

The choroid is the vascular layer in the eye. Its function is to nourish the eye with a fresh supply of blood. The choroid is the inside vascular lining of the eye, adjacent to the outermost layer called the sclera. This is the only vascular source of blood to the macula, which is responsible for central vision.

The choroid has a unique way to nourish the eye not found in any other part of the body. The choroid has very small gaps in the arteries which diffuse its nutrients and oxygen from the blood into the next layer of the eye called the Pigmented Retina Layer.

The Macula predominantly has cones in the center, where as the rods are found in the periphery of the macula. This is different from the rest of the Pigmented Retina neural layer where the rods and cones are found alongside one another.

When treating Macular Degeneration patients with the WIT®, the water diffuses through the aqueous humor, through the Iris and into the vitreous humor directly onto the Macula and the peripheral. In my clinical experience the night vision is returned faster than the central vision, which would mean that the rods respond first correcting the night vision.

The cornea does not receive any vascular nutrition in terms of blood supply, yet is highly permeable to water. It is only nourished by the tears. This is the pathway the WIT® water uses to nourish the 3 fluid chambers in the eye. The aqueous chamber, the vitreous chamber and the interstitial fluid of the retina.

All the cells in the eye are nourished by these fluid chambers, and not by any vascular blood supply.

This system represents in my opinion the most benign treatment to directly nourish the eye, and help it repair itself without chemical or surgical intervention.

When treating the eye we have a protocol that consists of the WIT®, eye exercises, homeopathic drops, nutraceuticals and detoxification of the liver.

Homeopathy:

The homeopathic eye drops rectify and enhance the energy of the fluid dynamics in the eyes as only homeopathy can.

- * Aesculus compositum, increases the circulation of the blood through the venous system. Thus moving the blood and enhancing nourishment of the eyes. It is also used in to treat hemorrhoids and varicose veins.
- * Guna muscle: enhances the muscle function that surround the lens of the eye. There are 2 main sets of eye muscles. The inner muscles that control the lens of the eye, and the second set are the muscles attached to the sclera and move the entire eyeball. Movement of the eye in my opinion presses the sclera against the choroid to help move blood through the eye.
- * Oculus totalis compositu
- * Retina Suis Injeel Forte
- * Traumeel: for inflammation and trauma in the eye
- * Gallium compositum: to clean the matrix, and to help the cell eliminate metabolic waste.

Nutraceuticals:

Iplex® by Standard Process; Bil Lutein Billberry by Health Concerns; Lysine Support by Health Concerns

Blueberry is used to treat degenerative retinal disorders and microcirculatory disorders including venous insufficiency.

In my clinical experience nutraceuticals have proven to maintain and return vision. The center of this nutraceutical theme resides in the pigmented layer of the retina. The pigmented layer is the first to receive, by diffusion, the nutrients from the vascular choroid layer. The pigment layer further distributes this nutrition by diffusion to the main transducers, rods and cones, as well as the entire retinal layer.

Furthermore, the nutrition diffuses through the pigmented layer to the rest of the retina nourishing the bipolar cells, ganglion cells as well as the astrocytes and microglial cells that maintain the retina and are completely depended on the interstitial fluid of the retina.

The pigment layer is key to the health of the eye, consequently causing dysfunction of the eye if not properly nourished.

Additionally patients are advised to increase their intake of blue/purple berries e.g. blueberries, blackberries, elderberries.

Eye exercises: following the Bates eye exercises protocol.

The main 2 exercises are:

1. Near object focus, alternating with distant focus. This will exercise the muscles around the lens which helps to move the fluids through the different chambers.
2. While keeping the head in place, the patient has to look in all different directions of the 6 eye muscles. These muscles will press against the choroid vascularization which will increase blood circulation.

When wearing glasses the movement of the eye muscles are minimized therefore the lens accommodates less and the blood circulation reduces. As a result the eye does not get nourished sufficiently and limits the fluids moving through the eye. This is especially disadvantaged in children, which may prevent the muscles to grow accordingly and prove to be underdeveloped in the adult eye.

In Chinese Medicine the Doctrine is:

The Eyes open from the Liver

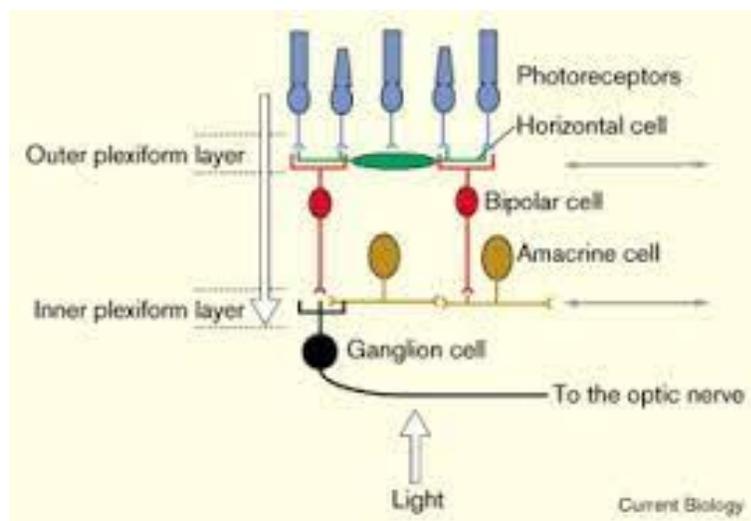
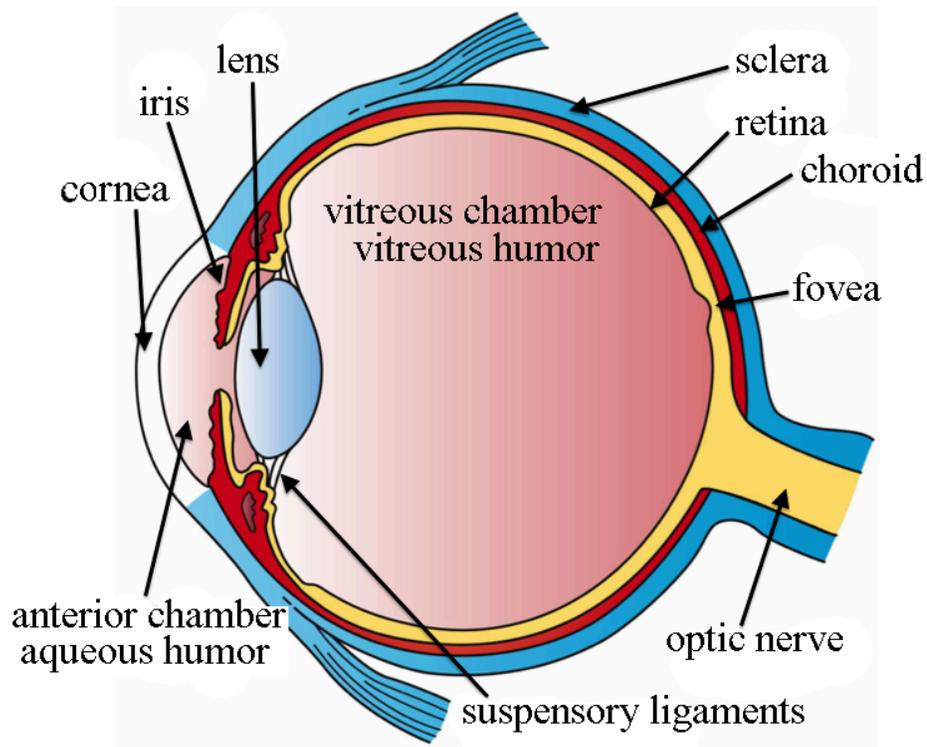
In my experience, most if not all patients with eye disease have what we call a liver chi stagnation. This refers to the ability of the liver to filter the metabolic waste (drugs, toxins, glyphosate, chemicals) at a normal rate.

The increase of glyphosate increases bile stasis and slows the production of bile as well as the ability of the liver to filter the blood. According to naturopathic medicine due the inability of the liver to filter out on the first pass, the metabolic waste ends up in the rest of the body. The brains are especially sensitive to the increase of metabolic waste leading to depression, sleeping problems, mental agility and vision problems etc. In my clinical experience detoxifying the liver, will significantly improve the vision.

In summary, Water Ionization treatment helps to neutralize and clean the fluids in the eye.*

The excess electrons in the oxygen molecule delivered by the Wattah® will neutralize the toxins in all 3 fluids in the eye, and the excess electrons carried by the oxygen will be delivered to the mitochondria.

Astrocytes and microglial cells that maintain the eye, will act more sufficiently when treated with Wattah®



The thought process behind the pathogenesis and healing:

The amacrine cells and horizontal cells produce neurotransmitters which have an inhibitory effect. This rods seem to be more affected than the cones. The Amacrine and horizontal cells have a buffering effect which tone down the image signals especially in the rods. This can significantly improve night vision, hence a patient who can only see white and can detect a source of light appears to respond quickly to this treatment, because in my opinion the rods cannot be exposed to extra light. When the rods are overexposed to light and not buffered by the amacrine and horizontal cells. In this case their sensitivity is overwhelmed and patients will see only white.

By nourishing the fluids in the eye with the protocol, we are nourishing the amacrine and horizontal cells which in its turn have a buffering effect calming down the rod signals to the brain, allowing the signal from the cones to come into dominance. This controls the light received by the rods and enhances the ability to see more detail, more color and a clearer shapes.

In my clinical experience with patients who can see only white (and nothing else) and who can only detect the source of light, the protocol has the highest success rate.

It appears that a patient that has been legally blind for over 3 years, in response to our protocol needs to be trained to be able to see colors.

Recent discoveries have shown that certain ganglia cells appear to have photoreceptors that only respond to motion, and seem to enhance the function of the rod or cone they are connected with.

A person coming out of blindness can only see grey, black and white shadows of images.

Moving a red piece of paper in the visual field of the patient, who can only see grey/black shadows can eventually cause a flash of red and create great excite-

ment in a patient. Repeated movement of a red piece of paper in the visual field can eventually bring red back into their vision.

Each patient has a unique perception of combination of colors. One color they can see normally, the other color will come up grey, and when these 2 colors are combined together it can cause the patient to see the correct color of what was perceived grey at first. Example, a green and brown paper are held in front of the patient. When the green paper is shown on its own, the patient sees the color grey, but when green and brown paper are held together the green color is perceived by the patient. After repeating these exercises for 3 weeks, the patient developed the ability to see the color green on its own.

There is dichotomy found in patients who have been blind for more than 3 years and those who have been legally blind for less than 3 years. There seems to be a direct relationship to the length of blindness and 3 years, where the need to learn to see colors again becomes necessary. Not seeing colors for a longer time seem to be placing the rods and cones in a dormant state.

The undernourished amacrine and horizontal cells lose the ability to buffer the strong signals from the rods suppressing the cone signals, and putting them in a dormant/hibernating state in due time. My opinion is that this relationship between rods and cones is what causes the white sheet in their visual field.

The nourishing of the fluids in the eye by the WIT® further nourishes the horizontal and amacrine cells, creating a buffering/inhibiting effect on the signals from the rods to the visual cortex. The signals of the rods were overstimulated which in my opinion created the white visual field, blocking any other color to be seen.

The buffering/inhibitory effect allows the cones to receive the central and color vision back albeit much slower. This is due to the fact that the cones were dormant because they were suppressed by the white field produced by the rods. The night vision appears to return first which can be explained by the fact that the rods were buffered rather than suppressed.