Lightwater

Innovation

Lightwater is a type of sterile water whose molecules have been woven with trace elements to produce Fenton-like Kinetics that effectively terminate pathogens such as bacteria and viruses upon contact. Lightwater simultaneously reduces inflammation by triggering the body to produce superoxide dismutase, which is necessary for managing the progression of viral infections, in particular the complications caused by cytokine storms.

MIT Lincoln Lab Research

On 10 August 2011, MIT reported that a team of researchers at MIT's Lincoln Laboratory developed a drug that could cure nearly any viral infection. Employing a similar methodology, Lightwater™ has been developed as a non-drug tool for reducing pathogen load and inflammation in all patients.

Lightwater is 99.999% Sterile Water woven with 0.001% of non-toxic anti-pathogens.

The attached Material Safety Data Sheet (MSDS) confirms its non-toxicity.

Lightwater has two benefits: reducing pathogen load and inflammation. Lightwater™ enables the body to produce superoxide dismutase, a vital enzyme which attacks free radicals, prevents cytokine storms and reduces oxidative stress and inflammation during infection.

Lightwater™ is designed to address the root cause of the problem—the pathogens causing the illness. It is not designed for symptomatic relief, which must be managed through clinical practice and medicine. Lightwater™ is not a cure for a viral infection but can greatly accelerate healing by reducing pathogen load and inflammation.

Based on our research and information, this solution can reduce COVID-19 viral load and enable better outcomes of standard clinical procedures used to treat the disease. \\

If administered prior to infection, it can help build immunity. If administered during the early, asymptomatic or mildly symptomatic phase of a virus, it can help prevent viral RNA implantation into healthy cells. If applied at a later stage, by reducing cytokine storms, oxidative stress, and inflammation, it can accelerate the healing process.

As Lightwater is not a drug, it has no side-effects, or adverse drug reactions with any medicines used to treat COVID-19 patients.

Intellectual Property Trademarked & Patent Pending.

The Production Process

Lightwater is produced by immersing trace elements into clean water in an inert container under ultrasonic agitation. The water is then purified through a non-pyrogenic distillation method extracting only H2O. Trace elements are then woven into purified water molecules through a laser-ablation chamber with electrodes and atomizers. The molecularly woven water is then passed through a condenser into a sterile beaker and is ready and safe for human consumption. Lightwater is sterile water with a sterilizing effect on the human body. That is, it can terminate viruses, bacteria, and spores upon contact, while reducing inflammation.

Methodology

The amount of solution administered, and the frequency of administration determine the total contact time necessary to terminate viruses in the body until the viral load is regarded as non-detectable.

Upper Respiratory Tract Infection (URTI)
We recommend that suspected asymptomatic & symptomatic COVID-19 patients ingest 14ml of the solution every 2 hours until symptoms disappear.

Severe Acute Respiratory Infection (SARI)
In cases where the infection is advanced and accompanied by pneumonia, we recommend the same as above, and in addition to inhale with the aid of a nebuliser 5-10 ml per session, hourly for 8 to 12 hours until symptoms disappear.

Acute Respiratory Distress Syndrome (ARDS)
In cases where a patient with an advanced infection is non-responsive or in sepsis, we recommend, the attending doctor to introduce 50ml of the sterile water into normal saline IV NaCl 0.9% and continue intravenous fluid resuscitation protocol until pathogen load is low and manageable.

The virus exists in the plasma and in the respiratory tract. Therefore to terminate the viruses without the use of antiviral drugs, Lightwater must have a reasonable contact time in the plasma (through rehydration via oral or IV) and through inhalation to target the viruses and inflammation in the respiratory tract and the alveoli.

Through this non-drug intervention, the viral load can be managed to a non-detectable level and the cytokines can be regulated so that inflammation will be markedly reduced for better recovery. The result of this non-drug intervention is promising, and individuals who used Lightwater as just water for rehydration at the right volume and interval show total recovery in a short period (24 - 48 hours).

In view of the current pandemic and problems, Lightwater should be considered as an alternative treatment method, especially for those patients who are deprived of proper healthcare and treatment when the hospitals are overwhelmed with critical cases.

Expected Outcome

COVID-19 patients will begin to show relief after 6 hours of oral administration and be virus free in 48 hours of oral administration of Lightwater at a consecutive 2-hour interval.

COVID-19 patients with early symptoms of chest tightness, cough, and sore throat will show signs of relief and symptoms free in 24 hours with additional treatment through hourly inhalation of 5 ml to 10 ml of Lightwater with the aid of a nebulizer machine, for 12 consecutive hours.

COVID-19 patients with advanced symptoms that would require ICU treatment would require continuous infusion of 50 ml of the Lightwater solution into 100ml of normal saline 0.9, and attachment of a nebulizer output into the CPAP machine output hose for treatment of the lungs. Patients with multi-organ failure will begin to show improvement after 4 days of continuous treatment with Lightwater on top of ICU Clinical Practice Guidelines for COVID-19 patients.

Lightwater ™ 200ml

Background of the Problem - COVID-19

Excerpt: The Lancet

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30183-5/fulltext

A novel coronavirus, which was named 2019-nCoV, was isolated then from lower respiratory tract specimen and a diagnostic test for this virus was developed soon after that.14 Of 59 suspected cases, 41 patients were confirmed to be infected with 2019-nCoV. The presence of 2019-nCoV in respiratory specimens was detected by next-generation sequencing or real-time RT-PCR methods.

The primers and probe target to envelope gene of CoV were used and the sequences were as follows:

forward primer 5′-ACTTCTTTTTCTTGCTTTCGTGGT-3′;
reverse primer 5′-GCAGCAGTACGCACACAATC-3′;
and the probe 5′CY5-CTAGTTACACTAGCCATCCTTACTGC-3′BHQ1.

Conditions for the amplifications were 50°C for 15 min, 95°C for 3 min, followed by 45 cycles of 95°C for 15 s and 60°C for 30 s.

Initial investigations included a complete blood count, coagulation profile, and serum biochemical test (including renal and liver function, creatine kinase, lactate dehydrogenase, and electrolytes). Respiratory specimens, including nasal and pharyngeal swabs, bronchoalveolar lavage fluid, sputum, or bronchial aspirates were tested for common viruses, including influenza, avian influenza, respiratory syncytial virus, adenovirus, parainfluenza virus, SARS-CoV and MERS-CoV using real-time RT-PCR assays approved by the China Food and Drug Administration. Routine bacterial and fungal examinations were also performed.

Given the emergence of the 2019-nCoV pneumonia cases during the influenza season, antibiotics (orally and intravenously) and oseltamivir (orally 75 mg twice daily) were empirically administered. Corticosteroid therapy (methylprednisolone 40–120 mg per day) was given as a combined regimen if severe community-acquired pneumonia was diagnosed by physicians at the designated hospital. Oxygen support (eg, nasal cannula and invasive mechanical ventilation) was administered to patients according to the severity of hypoxaemia. Repeated tests for 2019-nCoV were done in patients confirmed to have 2019-nCoV infection to show viral clearance before hospital discharge or discontinuation of isolation.

Cytokine and chemokine measurement

To characterise the effect of coronavirus on the production of cytokines or chemokines in the acute phase of the illness, plasma cytokines and chemokines (IL1B, IL1RA, IL2, IL4, IL5, IL6, IL7, IL8 (also known as CXCL8), IL9, IL10, IL12p70, IL13, IL15, IL17A, Eotaxin (also known as CCL11), basic FGF2, GCSF (CSF3), GMCSF (CSF2), IFNγ, IP10 (CXCL10), MCP1 (CCL2), MIP1A (CCL3), MIP1B (CCL4), PDGFB, RANTES (CCL5), TNFα, and VEGFA were measured using Human Cytokine Standard 27-Plex Assays panel and the Bio-Plex 200 system (Bio-Rad, Hercules, CA, USA) for all patients according to the manufacturer's instructions. The plasma samples from four healthy adults were used as controls for cross-comparison. The median time from being transferred to a designated hospital to the blood sample collection was 4 days (IQR 2–5).

Detection of coronavirus in plasma

Each 80 μL plasma sample from the patients and contacts was added into 240 μL of Trizol LS (10296028; Thermo Fisher Scientific, Carlsbad, CA, USA) in the Biosafety Level 3 laboratory. Total RNA was extracted by Direct-zol RNA Miniprep kit (R2050; Zymo research, Irvine, CA, USA) according to the manufacturer's instructions and 50 μL elution was obtained for each sample. 5 μL RNA was used for real-time RT-PCR, which targeted the *NP* gene using AgPath-ID One-Step RT-PCR Reagent (AM1005; Thermo Fisher Scientific).

The final reaction mix concentration of the primers was 500 nM and probe was 200 nM. Real-time RT-PCR was performed using the following conditions: 50°C for 15 min and 95°C for 3 min, 50 cycles of amplification at 95°C for 10 s and 60°C for 45 s. Since we did not perform tests for detecting infectious virus in blood, we avoided the term viraemia and used RNAaemia instead. RNAaemia was defined as a positive result for real-time RT-PCR in the plasma sample.

Contact us for more information:

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Definitions

- Acute respiratory distress syndrome (ARDS) and shock were defined according to the interim guidance of WHO for novel coronavirus.[9]
- Hypoxaemia was defined as arterial oxygen tension (PaO2) over inspiratory oxygen fraction (FIO2) of less than 300 mm Hg.[15]
- Acute kidney injury was identified and classified on the basis of the highest serum creatinine level or urine output criteria according to the kidney disease improving global outcomes classification.[16]
- Secondary infection was diagnosed if the patients had clinical symptoms or signs of nosocomial pneumonia or bacteraemia, and was combined with a positive culture of a new pathogen from a lower respiratory tract specimen (including the sputum, transtracheal aspirates, or bronchoalveolar lavage fluid, or from blood samples taken ≥48 h after admission).[17]
- Cardiac injury followed the definition used in our previous study in H7N9 patients.[18] In brief, cardiac injury was diagnosed if serum levels of cardiac biomarkers (eg, troponin I) were above the 99th percentile upper reference limit, or new abnormalities were shown in electrocardiography and echocardiography.

Observation

Lightwater - Observation of Covid-9 Cases

Notes:

URTI - An upper respiratory tract infection

SARI - Severe acute respiratory infection

ARDS - Acute respiratory distress syndrome

Patient #	Patient Initial	Country of Origin	Gender	Age	Severity 1 = URTI 2 = SAR 3 = ARDS	Nebulizer 1 = Yes 2 = No	Oral 1 = Yes 2 = No	Outcome 1 = Healed 2 = Not Healed	Nebulizer Frequency How many times	Oral Frequency How many times	Developed Fever 1 = Yes 2 = No	Developed Diarrhea 1 = Yes 2 = No	Number of hours after first administration to feel better	Number of hours to be symptom free	Number of hours to be cough free	Number of hours to feel easier to breathe
2	GC	HK	F	52	1	1	1	1	8	3	1	1	2	10	5	3
3	WGH	HK	M	35	1	1	1	1	4	5	1	1	2	8	4	3
4	WHL	HK	M	8	1	1	1	1	4	5	1	1	2	4	3	2
5	WHS	HK	M	4	1	1	1	1	4	5	1	1	2	4	3	2
11	SC	MY	F	45	1	1	1	1	8	6	1	1	3	24	16	4
16	BW	ID	M	48	1	1	1	1	8	14	1	1	3	10	8	3
18	RH	ID	F	37	1	1	1	1	8	5	1	1	3	6	12	2
19	NH	ID	M	39	1	1	1	1	8	5	1	1	2	6	16	3
20	BNH	ID	M	3	1	1	1	1	3	5	1	1	1	4	12	1
21	TV	DE	M	54	1	1	1	1	6	5	1	1	4	8	5	1
22	CV	DE	M	49	1	1	1	1	6	5	1	1	2	6	3	1
23	GF	DE	M	46	1	1	1	1	8	5	1	1	3	8	12	3
24	EC	DE	F	41	1	1	1	1	8	6	1	1	4	10	24	4
27	CL	FR	M	74	1	1	1	1	8	8	1	1	5	24	24	6
28	DD	FR	M	66	1	1	1	1	5	5	1	1	3	10	6	2
30	GA	FR	F	52	1	1	1	1	8	14	1	1	8	44	12	4
Mean				40.81					6.5	6.31			3.06	11.62	10.31	2.75

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1	LH	HK	M	48	2	1	1	1	10	14	1	1	3	18	10	5
6	JS	CN	F	63	2	1	1	1	20	14	1	1	4	38	26	6
7	YSB	CN	F	72	2	1	1	1	24	26	1	1	5	32	22	10
8	DL	CN	M	57	2	1	1	1	10	14	1	1	8	30	12	6
9	XCH	CN	M	55	2	1	1	1	10	14	1	1	12	24	48	12
12	NAH	MY	M	58	2	1	1	1	20	14	1	1	16	28	36	12
13	ZMG	MY	M	67	2	1	1	1	10	14	1	1	8	24	48	16
14	DMH	MY	F	61	2	1	1	1	10	14	1	1	6	12	30	6
15	SNSH	MY	M	46	2	1	1	1	14	14	1	1	5	24	48	8
17	AL	ID	M	59	2	1	1	1	14	14	1	1	10	26	48	8
25	PD	DE	M	62	2	1	1	1	14	14	1	1	5	48	12	6
26	AM	FR	M	82	2	1	1	1	14	28	1	1	24	62	72	10
29	LP	FR	M	39	2	1	1	1	14	14	1	1	6	48	48	6
Mean				59.15					14.15	16.16			8.61	31.84	35.38	8.53

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10	CHW	CN	M	62	3	1	1	1	40	40	1	1	100	230	230	230
Mean				62					40	40			100	230	230	230