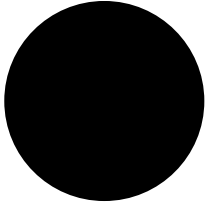




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Here is a present for my Patrons and members. I told you you would all get the benefits of reading snippets from my future works if you remain a Patron. This is the “early” release of my own biohack from 2003-2005 of my own EHS reversal from my Operating room lights and Wifi.

I have told this story to many of my patients with EHS.

After hearing it, many have made the tough decision to relocate, mitigate and rebuild their redox potential with sunlight using information quanta mechanisms that nature provides cells to relearn using light. It sounds bizarre until you understand how sunlight passes information from quantum spin to orbital angular momentum properly. (Stay tuned for QT #7) Many do not do enough and they remain on their way to getting severe EHS as their immune cells lose massive amounts of information quanta from the AC power grid.

I’ve been asked my opinion if EHS can begin as a transient mild headache while in the proximity of a 50Hz or 60Hz Magnetic field (fan or transformer) and progresses as the bodies learn from the information quanta in the man-made fields of the electric power grid via the mechanism in the QT series on Patreon? The answer is yes that is precisely how EHS goes from bad stimulus to learned behavior. This can manifest as a sign of transient mild PTC by deconstruction of HDW in the coherent domains of the EZ. It can cause changes or inflammation of the pia of the brain where our main SQUID is located.



In 2003 I found I was getting tuned to the things in my OR when we went to papers EMR's. The number one offender for me was LED lights and the Wifi from anesthesia machines. I found in my hacks after they showed up in my work environment my sleep was degraded quickly so I went searching. I began concentrating transition metals because of the OR EMF and blue light the hospital added to the OR. So I started to change my OR start times and I went outside between each case to get the sun to teach my system with solar EMF's. Therefore I knew I had to use CT when I got home in the sun with a higher fat diet to get my redox potential back in my inner mitochondrial membrane to lose weight and reduce the EHS symptoms causing my cognitive haze. I realized I had to get my ATPase spinning faster without using excess food (ECT flows) to do it. This is when I realize this is what UV-A light does for cytochrome c oxidase via its release of nitric oxide from the skin and arterioles in the skin that come to the surface when UV-a light is sensed. I also realized the "pressure wave it made was the key to making the soliton in the blood to cause the NO release.

PORPHYRINS Hb ARE ARTERIAL SENSORS FOR UV-A, UV-B and IR-A SUNLIGHT

UVA = NO MEL in eye

LAMINAR FLOW

DHA RBC's

93% of blood is water

NO causes dermal pooling

Cholesterol Sulfate

DAY = WAVES NIGHT = NONE = 5 PHOTONS

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The addition of the sun and fat increased my ability to change the water made in my matrix that was attuned to the OR nnEMF's. I found doing this also to supercharged my P450 system via the PPP. This was an unexpected result of the hack.



This is how I learned to always choose redox over detox. The PPP gives us back the major reducing element, NADPH. I realized the H in NADPH had to be light hydrogen to properly



make intracellular glutathione in cells. This is why I no longer will use the new version of IV tylenol that hospitals are pushing for patients in surgery. I have found it reduces glutathione the most of any drug in our surgical toolbox. In fact, if one uses oral tylenol often you should drink DDW to reduce the chance of getting EHS in an altered magnetic field. The NADPH acts to recycle glutathione and the glutathione links directly to the melatonin cycle in the brain. It is also when I found out that saturated fat diets and DDW increases endogenous glutathione production. Then I found evidence for this in the literature.

That is when my life really changed its focus. When glutathione is low, we must add back UVA light to increase apoptosis and this help raises melatonin at the same time. Often EHS destroys melatonin cycles in the brain with the Vitamin A cycle. All opsins use Vitamin A to work with light. This is how I found the LED lights in my OR were making me sick. It is also when I made the prediction that melanopsin would be found in the skin. This is why skin problems develop in our patients before they get really sick from electro pollution. It is also why my profession uses Vitamin A, in retin A, to try to improve these issues. Is the redox is bad it makes on worse? If the redox is decent it can help. The smarter move for EHS people is getting AM sun when the UVA IRA transition occurs. It dawned on me then that that artificial light was fully capable of altering people to make them more electrosensitive and this change would lead to poor cognitive function that made it harder for them to think, learn, and adapt. It was why I was losing my edge in surgery for something I truly liked to do. It all occurred because of the light hospitals adapted too to save money in the 2000's.

Artificial light
creates artificial
people and
artificial beliefs
Mitochondriac Reality



This is how I figured out the blue light transition metal link too in 2004, as well. Once I fixed my redox problem using the sun, I was able to fix two problems for the price of one. Deep CT I found invaluable for my transition metal issue. It was the only thing that helped my ASI and melatonin because of the chronic OR exposure I faced. It is also when I realized I would have to get out of the OR at night. That is why my actions are different than others. I think you get the biology.....but the irony is that this all caused me to look at my own lifestyle modifications as a physicist would.....lifestyle changes are really a superposition of the quantum state.....once you embrace a new probability it can and does happen in your reality This is how information quanta changed my own life in 2005.

It is also why I do things very differently in the operating room now as a result. I had to keep my ability to think paramount if I was going to get well.

CITES

<https://www.ncbi.nlm.nih.gov/pubmed/26372109>

<https://source.wustl.edu/2005/05/new-fat-is-needed-to-clear-old-fat-from-body/>