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The Disdain Importance of Dissolved Oxygen Levels in Drinking Water in Pandemic Control

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Actions in different countries to control the COVID-19 Pandemic are being fruitless. Strategies have been based on similar measures such as mandatory confinement, health distance, mask use, school closure, even the curfew is being reached, etc. But these measures are not being the expected outcome as contagions and deceases continue to increase alarmingly with anestrous effects on the economy of the affected countries.

Compulsory confinement has been used for centuries, however it is a measure that does not solve the problem and its effect is, if anything, fleeting. As a result of the draconian measures implemented, poverty, malnutrition, child labor, domestic violence, suicides, drug use, alcoholism, etc. are rapidly increasing.

Heads of state and health authorities show despair and worse, in some cases indifference. The pandemic is getting worse and does not seem to have a vision of resolving, which will not happen in the short term or with the use of forced common cold virus vaccines that they plan to use for the main purpose of stimulating immunity in the population; which is very risky and is not exempt from inducing important health problems in an important segment of the population.

But it is not possible to stop a problem of such magnitude if it is not understood how it occurs. The literature is contradictory in terms of the use of antiviral drugs, and at best its effects are very mild. The same goes for other medicines that have been tried such as corticosteroids, anticoagulants, antifungals, etc.

The use of supplemental oxygen by means of masks or respirators has been a failure since 9 out of 10 intubated patients die, and of those who survive, they are left with the lungs badly damaged, so much so that a significant number of them require double lung transplantation. Preventive and corrective measures have proved so ineffective that health personnel are succumbing to contagion. The next winter season is thought to worsen statistical numbers.

What is going on? Why are the usual measures not giving the expected result even when they are enforced forcibly? The reason is that the unsuspecting intrinsic property of melanin of dissociating the water molecule has not been considered, even though it was discovered in Mexico in 2002, and that it began to be published in 2010 [1].

Our discovery of a chemical process in humans, which was only known in plants, is disruptive knowledge because it changes biology in its totality. This discovery was not an occurrence, as it was the result of a study that lasted 12 years (1990-2002) and included 6000 patients. The study's working hypothesis was to correlate the characteristics of blood vessels entering and leaving the optic nerve and the three main causes of blindness in the world that are macular degeneration by age, diabetes, and glaucoma.

The main variable under study was the characteristics of the blood vessels of the optic nerve, as we tried to find anatomical details that could serve as indicators of early disease, which would therefore allow for early treatment. But within a few weeks of starting the study, we included a second variable under study that was the constant presence of melanin around the optic nerve.

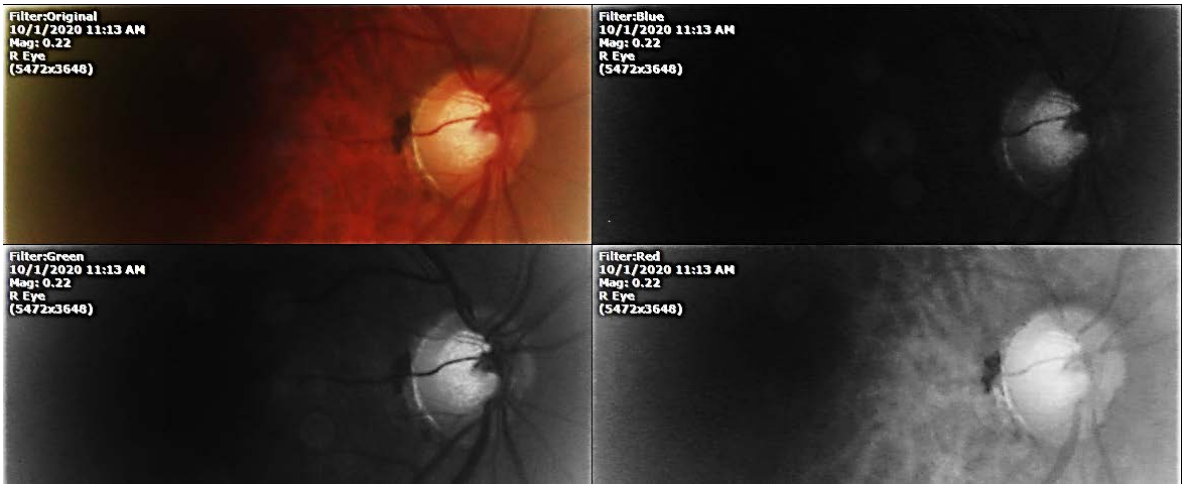

Figure 1) Photograph of the optic nerve on the right side, where the presence of melanin in the meridian of 9 is seen. One characteristic of melanin is that it absorbs all wavelengths, so it appears dark with any illumination.

We were powerfully struck by nature's insistence on placing melanin around the optic nerve practically in all the patients we examined, because nature only insists on important things. Soon we found that melanin exerted an undescribed influence on blood vessels, as they seemed to flee it. Such behavior was so constant that we could think without fear of making mistakes that the more melanin there were fewer blood vessels and vice versa.

It took us a while to explain this antagonism, because we first looked for vasoactive peptides that the tissues in the presence of melanin could synthesize, but this search was fruitless, besides that melanin is an amorphous substance, which has no structure comparable to the rough endoplasmic reticulum.

We were baffled by the long and fruitless search for some explanation about vessel antagonism and melanin when we were able to detect a second important factor: more melanin, higher oxygen levels in tissues and vice versa. We had two axioms, i.e. obvious truths that don't need to be proven. And partly the mystery was beginning to resolve, as the best-known antiangiogenic agent is elevated oxygen levels.

What followed was to try to find the source of so much oxygen, because in our working circumstances they were 34% higher than that of tissues with less melanin. The difference was significant, of such magnitude that it

could not be considered circumstantial. But even though we reviewed a multitude of tissue factors and processes that could explain where that amount of oxygen came from, we could not find anything about it.

Until February 2002, in the midst of a steed full of biochemical equations that could not be concatenated, we first glimpsed the possibility that melanin would generate oxygen by dissociating the molecule from water, like chlorophyll in plants. And from then on everything started to clear up.

At the end of the study we were able to conclude that melanin possessed the unsuspected intrinsic property of dissociating the water molecule. But unlike chlorophyll, it happens day and night as melanin absorbs all electromagnetic radiation. On the other hand, chlorophyll irreversibly dissociates the molecule from the water, expelling the toxic oxygen into the atmosphere.

That is: plants do not take oxygen from the atmosphere but obtain it from the water they contain by dissociating that molecule. So, melanin in humans, allows us to get oxygen from the water that the body contains inside, so we do not need to get it from the air around us [^{2}].

And the evolution of COVID-19 patients proves it. The lung is practically destroyed as health personnel are bent on introducing oxygen into the body through a non-natural pathway, as the main lung function is the elimination of CO_2 that the human body constantly produces, not so the absorption of oxygen.

The physiological way by which our body obtains the oxygen present inside it, comes from the dissociation of the water molecule by melanin. So low blood oxygen levels, less than 90%; and that they are an early sign in patients affected by COVID, it is not because the lung is not oxygenating the blood, which has never happened, but that the melanin of the body is depauperated for various reasons and cannot dissociate the molecule from water.

So, what can we do to make the body's melanin dissociate water efficiently again? It is not possible to erase contamination of the environment of a plumage, which is the main cause of melanin dysfunction. But if it is possible to raise the levels of dissolved oxygen in the drinking water that is supplied to the population.

So, if we review data from countries that have been remarkably successful in the fight against COVID, they have in common dissolved oxygen levels above 6 mg/L. On the other hand, countries that are fringing characteristically have dissolved oxygen levels in drinking water below 2 mg/L.

It is not very difficult to rapidly raise dissolved oxygen levels in drinking water, which would drastically change the behavior of the current pandemic, as it would abruptly reduce its progress, much more than the draconian measures implemented to date.

There are several methods for oxygenating water, with a higher or lower level of effectiveness, but it is a strategy that would quickly bear fruit, allowing a rapid reactivation of economic activities. The best test is the substantial differences in the number of dead and infected between countries where dissolved oxygen levels in drinking water are naturally high, compared to the countries most affected by the pandemic, where these levels are consistently low, below 2 mg/L.

Acknowledgements

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