

POTASSIUM QUESTIONS INTENSIFY

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Jun 08 2005

Recent work indicates the very real possibility of sources for interference in the metabolism of the potassium ion within the human body. This interference is based upon the detection of continuous and apparently artificial ELF (Extremely Low Frequency) propagation at 4Hz multiples. The fifth harmonic of this radiation, detected at 20Hz, corresponds to the cyclotronic frequency of the potassium ion in the mid latitude ranges of the globe. Readers are referred to a previous article¹ and to the work of Dr. Robert Becker for additional information on this subject.

Further inquiry on the attempt to increase potassium levels in the diet has revealed some unexpected findings. If one were to assume, hypothetically, that a potassium deficiency exists in a particular person, it might also be considered reasonable for that individual to seek out a potassium supplement, in addition to the investigation of changes in the diet. Such a search has been conducted, and the results have been unexpected.

In the case of magnesium or calcium, there does not appear to be any difficulty in the purchase of minimum daily requirement supplements for these minerals. They are readily available at this time. Upon examining all potassium supplements at the local health food store, regardless of brand, it was soon noticed that no products were available that provided a level of potassium greater than 3% of the recommended daily allowance for potassium. This was somewhat unexpected, as the hypothetical case assumes there is a deficiency in potassium and seeks a remedy for that situation. One can then easily determine that roughly 33 tablets a day of commercially available potassium supplements would be required to reach the recommended daily allowance. This would appear to be neither reasonable or sensible.

Further investigation then reveals that the maximum amount of potassium supplement available to the U.S. consumer is 99 milligrams, apparently due to a Food and Drug regulation. The difficulty arises when one consults the standards of recommended daily allowances for that same mineral as established by that same agency, the FDA. Although conflicting statements appear to be in place, the FDA labeling standard is set at 3500 mg per day, or 3.5 grams². The US Department of Agriculture appears to recommend approximately 4000 mg, or 4 gms per day³. Furthermore, it is recently reported that "in February of 2004, after an extensive review of scientific literature, the Institute of Medicine set the Adequate Intake of potassium for

adults at 4.7 grams a day - more than double previous estimates. However, more than 90% of American children and adults are not meeting these recommendations."⁴

The supplements that are available to the public through sources examined are limited to 99 mg, or 0.099 gms. The public may purchase, as a supplement, 0.099 gms vs 3.5 gms that is **RECOMMENDED** per day. It is a natural and reasonable question to ask why this is the case.

This paper does not presume to answer that question. It does however, raise the question, along with a few others. Not claiming any medical expertise, it is not difficult to ascertain that potassium levels that are too low in the body may present medical difficulties such as heart failure, fatigue, muscular weakness and depression⁵. By the same token, excessive levels of potassium can also induce serious medical conditions, such as heart attacks. Allergic responses from electrolytic imbalances may also deserve consideration. Notwithstanding, let it also be established that the NLM and the NIH clearly state that "**Potassium supplementation should never be taken without the approval of a health care provider.**" This paper is informative only, and does not advocate any specific medical advice or action.

It may well be that the public requires protective and limited access to adequate levels of potassium supplements for legitimate health reasons. It may also be that they do not, and that adequate supplement levels should be more readily available to the public. It may be that an informed public is quite capable of managing nutritional intakes of this mineral in a dietary or supplemental fashion, along with any medical expertise that is sought.

The concern of this paper, however, is threefold:

1. It would appear that the American popular diet is likely to be low in potassium levels, given that primary sources for potassium include many greens, fruits and beans. It appears in contrast that the popular diet is often in excess of sodium, which can also lead to additional medical difficulties such as high blood pressure. Reduced sodium diets are advocated in many cases as a means of improving the health of many individuals.
2. In the case of potassium deficiency, it appears to be difficult to remedy that situation through the use of over-the-counter potassium supplements. The potassium supplement levels available to the public are a minuscule fraction of those available for other common minerals needed for health in the human body. It is not known whether this limitation is common knowledge to the public or not; the reason for this limitation is not known to this researcher, beyond the concerns that have been expressed.

3. A case has been made that potassium interference over large regions of the earth affecting large populations is now possible, if not expected⁶.

Each of these conditions leads to a scenario where the primary mineral intake levels of the human body deserve a much closer examination, along with the medical effects from their deficiency or excess. Potassium is critical and essential for the functioning of the human body.

The combined effects and interactions of all primary electrolytes in the human are to be considered in this evaluation, especially those of potassium, magnesium and calcium. It is a fact that the role of the aerosol operations, with all of its consequences to human and planetary health, must be confronted in this pursuit.

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1. Carnicom, *Potassium Interference Expected*, <http://www.carnicom.com/potassium1.htm>, May 2005.
2. US Food and Drug Administration, *Reference Values for Nutritional Labeling*, <http://www.cfsan.fda.gov/~dms/flg-7a.html>
3. US Department of Agriculture, *Dietary Guidelines for Americans 2005*, <http://www.health.gov/dietaryguidelines/dga2005/document/html/chapter2.htm>
4. National Dairy Council, *Nutrition and Product Information*, <http://www.nationaldairycouncil.org/NationalDairyCouncil/Nutrition/Products/PotassiumFactSheet.htm>
5. National Library of Medicine and the National Institute of Health, *Medical Encyclopedia*, <http://www.nlm.nih.gov/medlineplus/ency/article/002413.htm>
6. Carnicom, May 2005.

Additional Notes:

Alternative sources for additional potassium salts, not limited to the 99 mg commercial supplement version, do exist. Examples of such sources include potassium salt substitute products and potassium based water treatment salts.

No medical advice or recommendation for action is included within this report. It is reaffirmed that supplements of any kind are not recommended or advised from this researcher, and that medical expertise should be sought in addressing any medical concerns.

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