



Theories to Investigate: EMF & Paranormal Detection; Kissing & CO₂; Reverse Valsalva & Ear Care; Thought Broadcast & Normalcy; and Fatal Insomnia & Head-Wrap

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My opinion

I am an anesthesiologist. Being a devoted student of medicine as science and an ardent follower of medicine as art, I keep bouncing into poorly understood human biological phenomena that have taken back-seat secondary to multiple factors interfering with transparencies in their presentations. One of those factors may be the lack of general public's interest for these pursuits and subsequent lack of funds to support full-fledged scientific investigations into these basic, age-old and still mysterious human phenomena.

Electromagnetic Field and Paranormal Detection [1]

The world is not new to the harms related to electromagnetic field interferences that are perceived by many people but precipitate sickness/suffering only in a limited few. As the electromagnetic field related illness is limited to few, the validity of this illness is often questioned till one-self is exposed to similar illness and related complications. The logic to draw from this is that perceiving human body is an integral part of this phenomenon because each human body is unique when it comes to its electromagnetic potential secondary to cumulative membrane potentials within a human body generating variable electroencephalograms and electrocardiograms to name a few. Coming to proposed theory to investigate, the paranormal phenomenon related to many sites and situations may be explained with the consortium of metallic-magnetic makeup of the site, electrical activity of the site's atmosphere and electromagnetic uniqueness of the perceiving human body. Some persons or groups of people may perceive these phenomena more often than others depending on the strengths of the other two parts of the consortium (site's magnetism and atmosphere's electricity); however the role of unique electro-magnetic signature of human bodies acting as paranormal detectors cannot be ignored.

Kissing and Carbon Dioxide Inhalation

The mesmerizing effects of kissing are as enigmatic as the origin of lip lock and consequent popularity of this form of intimacy. Besides the sensory feedback and hormonal effects that entail any form of intimacy between partners, the one peculiar phenomenon may be underlying the euphoria related to lip lock. As it is known that during mouth-to-mouth breathing used for cardiopulmonary resuscitation, 17% oxygen with 4% carbon dioxide [2] is delivered by the resuscitator to the patient, it can be logically concluded that similar but bi-directional exchanges occur between lip-locking partners with 4% carbon dioxide inhalations. As compared to normal concentration (0.03%) of carbon dioxide in atmosphere, these multifold high concentrations of carbon dioxide in inhaled airs of lip-locking partners may partly explain the associated euphoria because carbon dioxide related transient and proportionately increased cerebral blood flow as well as carbon dioxide related membrane stabilization with endorphins-release related anti-nociception and sedation can transcend the lip-locked partners to a state of oblivion.

Ear Care with Reverse Valsalva

When Antonio Maria Valsalva devised Valsalva maneuver [3], his one of the intents was ear care by opening Eustachian tube. However his maneuver entails increasing pressure across the pharyngeal opening of Eustachian tube so that middle ear secretions can be vented into naso-pharynx and middle ear pressures can be equalized. To my knowledge, nobody has devised Reverse Valsalva as proposed by me (ANDG maneuver). It includes intermittent but transient apposition of anti-tragus and tragus of blocked ear in superio-anterior direction with ipsilateral index finger so that external auditory canal pressure is increased that pushes tympanic membrane inward and the air-pressure wave is transmitted from external auditory canal to middle ear to Eustachian tube. This way Valsalva maneuver related cardiopulmonary phenomena are avoided and still ear care can be efficaciously executed especially in combination with consecutive (successive) steam inhalations; concurrent (simultaneous) steam inhalations with Reverse Valsalva may have concerns

about the exposure of middle ear cavity to inhaled steam through the open Eustachian tube (secondary to Reverse Valsalva)." More importantly, the individual ears can be unblocked and cared for without involving the other ear. The only lacuna is that even though ANDG maneuver can be used during take-off in air-craft by counteracting ear pain that is related to decreased external auditory canal air-pressure during take-off, however this Reverse Valsalva will be useless or may actually worsen the ear pain during the landing of air-craft wherein originally described Valsalva maneuver may be necessary to open pharyngeal opening of Eustachian tube to counteract the gradually increasing external auditory canal air-pressure with decreasing altitude during landing.

Normalcy of Thought Broadcasting

Human brains across the populations have some commonality as similar to beating hearts and breathing lungs; also human brains ingrain certain peculiarities and ingenuities that define uniqueness of the individuals carrying them. However it is at the points of transition from commonality to peculiarity that human psychophysiology confuses the scientific investigators. Same thought syndrome [4] is one such enigma that when deteriorates can transition into telepathy or supposedly catastrophic thought broadcasting. It is ironic that it is difficult to understand when as humans when we can feel same way, why we cannot think in the same way (in the actual literary sense). Henceforth, it is imperative to realize that if intelligence quotients, educational opportunities and psychosocial environments are approximately same, these similar individuals can independently cook same thoughts, execute actions based on these similar thoughts and attain same scientific or personal discoveries without stepping on each other's feet. The only paranoia involved in this phenomenon which separates these individuals from organic unrelenting and fixedly delusional schizophrenics is that individuals own their thoughts-inventions as well as accept existence of other individuals who may be thinking, executing and achieving at the exactly same pedestal in some part of world (nearby or faraway).

Familial Fatal Insomnia and Head Cooling with Head-Wrap

One of the inherent property of human brain that incite sleepiness at the end of day is exhausted brain cells releasing heat energy and in turn increasing brain temperature that is higher than basal brain temperature and is at detrimental levels interfering with an appropriately functioning brain. With this understanding, it is simple to envisage the plight of the patients who are diagnosed with genetically

determined familial fatal insomnia and subsequently die within few months to couple of years due to over exhaustion. There are limited symptom control modalities to offer to these terminally ill patients. However, one of the modality that has been underused in this patient population is the provision of cooling their brains with artificial means that do not allow their brains to be exposed to evolving higher temperatures. The goal of cooling these brains with these head-wraps [5] is not to induce selective brain hypothermia but to sustain a life-sustaining appropriate brain temperatures with just enough counteractions to the temperature rises in fatally insomniac and constantly awake brains. In simpler words, the aim is not to "cool" the brain, rather not allow the insomniac brain to "heat" up.

In summary, these are some perceptions that have been presented in my own words so that non-anesthesiologists who specialize in their appropriate scientific fields can read them and may be prompted to explore the feasibility of these theories' validity.

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