

Endosymbiotic Actinidic Archaea and Viroids – A Model for Abiogenesis and Viral, Prokaryote, Eukaryotic, Primate and Human Evolution

Introduction

A hypothesis regarding endosymbiotic actinidic archaea as having evolved from an early isoprenoid organisms by abiogenesis is presented in this paper. An actinidc archaea/ viroid mediated model of prokaryote, viral, eukaryotic, primate and human evolution is discussed. Endomyocardial fibrosis (EMF) along with the root wilt disease of coconut is endemic to Kerala with its radioactive actinide beach sands. Actinides like rutile producing intracellular magnesium deficiency due to rutile-magnesium exchange sites in the cell membrane has been implicated in the etiology of EMF[1,2]. Organisms like phytoplasmas and viroids have also been demonstrated to play a role in the etiology of these diseases[3,4]. Actinidic archaea has been related to the pathogenesis of schizophrenia, malignancy, metabolic syndrome x, autoimmune disease and neuronal degeneration[2]. Actinidic archaea have a mevalonate pathway and cholesterol catabolism[5,6,7]. Davies has put forward the concept of a shadow biosphere of organisms with alternate biochemistry present in earth itself[8]. An actinide dependent shadow biosphere of archaea and viroids in the above mentioned disease states is described[6]. Metal actinides in beach sands have been postulated to play a role in abiogenesis[6]. Actinide mineral like rutile, monazite and illmenite by surface metabolism would have contributed to abiogenesis[9]. A hypothesis of cholesterol as the primal prebiotic molecule synthesised on actinide surfaces with all other biomolecules arising from it and a self replicating cholesterol lipid organism as the initial life form is presented. The actinidic archaea and viroids would have evolved from the primitive isoprenoid organism. The origin of viruses, prokaryotes, eukaryotes, primates and humans from the initial isoprenoid organism derived actinidic archaea is postulated.

Materials and Methods

Informed consent of the subjects and the approval of the ethics committee were obtained for the study. The following groups were included in the study: – endomyocardial fibrosis, Alzheimer's disease, multiple sclerosis, non-hodgkin's lymphoma, metabolic syndrome x with cerebrovascular thrombosis and coronary artery disease, schizophrenia, autism, seizure disorder, creutzfeldt jakob disease and acquired immunodeficiency syndrome. There were 10 patients in each group and each patient had an age and sex matched healthy control selected randomly from the general population. The blood samples were drawn in the fasting state before treatment was initiated. Plasma from fasting heparinised blood was used and the experimental protocol was as follows (I) Plasma+phosphate buffered saline, (II) same as I+cholesterol substrate, (III) same as II+rutile 0.1 mg/ml, (IV) same as II+ciprofloxacine and doxycycline each in a concentration of 1 mg/ml. Cholesterol substrate was prepared as described by Richmond[10]. Aliquots were withdrawn at zero time immediately after mixing and after incubation at 37^{o}C for 1 hour. The following estimations were carried out: – Cytochrome F420, free RNA, free DNA, muramic acid, polycyclic aromatic hydrocarbon, hydrogen peroxide, serotonin, pyruvate, ammonia, glutamate, cytochrome C, hexokinase, ATP synthase, HMG CoA redutase, digoxin and bile acids[11,12,13,14]. Cytochrome F420 was estimated flourimetrically (excitation wavelength 420 nm and emission wavelength 520 nm). Polycyclic aromatic hydrocarbon was estimated by measuring hydrogen peroxide liberated by using glucose reagent. The statistical analysis was done by ANOVA.

Results

The parameters checked as indicated above were: – cytochrome F420, free RNA, free DNA, muramic acid, polycyclic aromatic hydrocarbon, hydrogen peroxide, serotonin, pyruvate, ammonia, glutamate, cytochrome C, hexokinase, ATP synthase, HMG CoA reductase, digoxin and bile acids. Plasma of control subjects showed increased levels of the above mentioned parameters with after incubation for 1 hour and addition of cholesterol substrate resulted in still further significant increase in these parameters. The plasma of patients showed similar results but the extent of increase was more. The addition of antibiotics to the control plasma caused a decrease in all the parameters while addition of rutile increased their levels. The addition of antibiotics to the patient's plasma caused a decrease in all the parameters while addition of rutile increased their levels but the extent of change was more in patient's sera as compared to controls. The results are expressed in tables 1-7 as percentage change in the parameters after 1 hour incubation as compared to the values at zero time.

Table 4.1 *Effect of rutile and antibiotics on cytochrome F420 and muramic acid.*

Group	CYT F420 % (Increase with Rutile)		CYT F420 % (Decrease with Doxy+Cipro)		Muramic acid % change (Increase with Rutile)		Muramic acid % change (Decrease with Doxy+Cipro)	
	Mean	± SD	Mean	± SD	Mean	± SD	Mean	± SD
Normal	4.48	0.15	18.24	0.66	4.45	0.14	18.25	0.72
Schizo	23.24	2.01	58.72	7.08	23.01	1.69	59.49	4.30
Seizure	23.46	1.87	59.27	8.86	22.67	2.29	57.69	5.29
AD	23.12	2.00	56.90	6.94	23.26	1.53	60.91	7.59
MS	22.12	1.81	61.33	9.82	22.83	1.78	59.84	7.62
NHL	22.79	2.13	55.90	7.29	22.84	1.42	66.07	3.78
DM	22.59	1.86	57.05	8.45	23.40	1.55	65.77	5.27
AIDS	22.29	1.66	59.02	7.50	23.23	1.97	65.89	5.05
CJD	22.06	1.61	57.81	6.04	23.46	1.91	61.56	4.61
Autism	21.68	1.90	57.93	9.64	22.61	1.42	64.48	6.90
EMF	22.70	1.87	60.46	8.06	23.73	1.38	65.20	6.20
F value	306.749		130.054		391.318		257.996	
P value	< 0.001		< 0.001		< 0.001		< 0.001	

Table 4.2 *Effect of rutile and antibiotics on free RNA and DNA.*

Group	DNA % change (Increase with Rutile)		DNA % change (Decrease with Doxy+Cipro)		RNA % change (Increase with Rutile)		RNA % change (Decrease with Doxy+Cipro)	
	Mean	± SD	Mean	± SD	Mean	± SD	Mean	± SD
Normal	4.37	0.15	18.39	0.38	4.37	0.13	18.38	0.48
Schizo	23.28	1.70	61.41	3.36	23.59	1.83	65.69	3.94
Seizure	23.40	1.51	63.68	4.66	23.08	1.87	65.09	3.48
AD	23.52	1.65	64.15	4.60	23.29	1.92	65.39	3.95
MS	22.62	1.38	63.82	5.53	23.29	1.98	67.46	3.96
NHL	22.42	1.99	61.14	3.47	23.78	1.20	66.90	4.10
DM	23.01	1.67	65.35	3.56	23.33	1.86	66.46	3.65
AIDS	22.56	2.46	62.70	4.53	23.32	1.74	65.67	4.16
CJD	23.30	1.42	65.07	4.95	23.11	1.52	66.68	3.97
Autism	22.12	2.44	63.69	5.14	23.33	1.35	66.83	3.27
EMF	22.29	2.05	58.70	7.34	22.29	2.05	67.03	5.97
F value	337.577		356.621		427.828		654.453	
P value	< 0.001		< 0.001		< 0.001		< 0.001	

Table 4.3 *Effect of rutile and antibiotics on HMG CoA reductase and ATP synthase.*

Group	HMG CoA R % change (Increase with Rutile)		HMG CoA R % change (Decrease with Doxy+Cipro)		ATP synthase % (Increase with Rutile)		ATP synthase % (Decrease with Doxy+Cipro)	
	Mean	± SD	Mean	± SD	Mean	± SD	Mean	± SD
Normal	4.30	0.20	18.35	0.35	4.40	0.11	18.78	0.11
Schizo	22.91	1.92	61.63	6.79	23.67	1.42	67.39	3.13
Seizure	23.09	1.69	61.62	8.69	23.09	1.90	66.15	4.09
AD	23.43	1.68	61.68	8.32	23.58	2.08	66.21	3.69
MS	23.14	1.85	59.76	4.82	23.52	1.76	67.05	3.00
NHL	22.28	1.76	61.88	6.21	24.01	1.17	66.66	3.84
DM	23.06	1.65	62.25	6.24	23.72	1.73	66.25	3.69
AIDS	22.86	2.58	66.53	5.59	23.15	1.62	66.48	4.17
CJD	22.38	2.38	60.65	5.27	23.00	1.64	66.67	4.21
Autism	22.72	1.89	64.51	5.73	22.60	1.64	66.86	4.21
EMF	22.92	1.48	61.91	7.56	23.37	1.31	63.97	3.62
F value	319.332		199.553		449.503		673.081	
P value	< 0.001		< 0.001		< 0.001		< 0.001	

Table 4.4 *Effect of rutile and antibiotics on digoxin and bile acids.*

Group	Digoxin (ng/ml) (Increase with Rutile)		Digoxin (ng/ml) (Decrease with Doxy+Cipro)		Bile Acids % change (Increase with Rutile)		Bile Acids % change (Decrease with Doxy+Cipro)	
	Mean	± SD	Mean	± SD	Mean	± SD	Mean	± SD
Normal	0.11	0.00	0.054	0.003	4.29	0.18	18.15	0.58
Schizo	0.55	0.06	0.219	0.043	23.20	1.87	57.04	4.27
Seizure	0.51	0.05	0.199	0.027	22.61	2.22	66.62	4.99
AD	0.55	0.03	0.192	0.040	22.12	2.19	62.86	6.28
MS	0.52	0.03	0.214	0.032	21.95	2.11	65.46	5.79
NHL	0.54	0.04	0.210	0.042	22.98	2.19	64.96	5.64
DM	0.47	0.04	0.202	0.025	22.87	2.58	64.51	5.93
AIDS	0.56	0.05	0.220	0.052	22.29	1.47	64.35	5.58
CJD	0.53	0.06	0.212	0.045	23.30	1.88	62.49	7.26
Autism	0.53	0.08	0.205	0.041	22.21	2.04	63.84	6.16
EMF	0.51	0.05	0.213	0.033	23.41	1.41	58.70	7.34
F value	135.116		71.706		290.441		203.651	
P value	< 0.001		< 0.001		< 0.001		< 0.001	

Table 4.5 *Effect of rutile and antibiotics on pyruvate and hexokinase.*

Group	Pyruvate % change (Increase with Rutile)		Pyruvate % change (Decrease with Doxy+Cipro)		Hexokinase % change (Increase with Rutile)		Hexokinase % change (Decrease with Doxy+Cipro)	
	Mean	± SD	Mean	± SD	Mean	± SD	Mean	± SD
Normal	4.34	0.21	18.43	0.82	4.21	0.16	18.56	0.76
Schizo	20.99	1.46	61.23	9.73	23.01	2.61	65.87	5.27
Seizure	20.94	1.54	62.76	8.52	23.33	1.79	62.50	5.56
AD	22.63	0.88	56.40	8.59	22.96	2.12	65.11	5.91
MS	21.59	1.23	60.28	9.22	22.81	1.91	63.47	5.81
NHL	21.19	1.61	58.57	7.47	22.53	2.41	64.29	5.44
DM	20.67	1.38	58.75	8.12	23.23	1.88	65.11	5.14
AIDS	21.21	2.36	58.73	8.10	21.11	2.25	64.20	5.38
CJD	21.07	1.79	63.90	7.13	22.47	2.17	65.97	4.62
Autism	21.91	1.71	58.45	6.66	22.88	1.87	65.45	5.08
EMF	22.29	2.05	62.37	5.05	21.66	1.94	67.03	5.97
F value	321.255		115.242		292.065		317.966	
P value	< 0.001		< 0.001		< 0.001		< 0.001	

Table 4.6 *Effect of rutile and antibiotics on hydrogen peroxide and delta amino levulinic acid.*

Group	H_2O_2 % (Increase with Rutile)		H_2O_2 % (Decrease with Doxy+Cipro)		ALA % (Increase with Rutile)		ALA % (Decrease with Doxy+Cipro)	
	Mean	± SD	Mean	± SD	Mean	± SD	Mean	± SD
Normal	4.43	0.19	18.13	0.63	4.40	0.10	18.48	0.39
Schizo	22.50	1.66	60.21	7.42	22.52	1.90	66.39	4.20
Seizure	23.81	1.19	61.08	7.38	22.83	1.90	67.23	3.45
AD	22.65	2.48	60.19	6.98	23.67	1.68	66.50	3.58
MS	21.14	1.20	60.53	4.70	22.38	1.79	67.10	3.82
NHL	23.35	1.76	59.17	3.33	23.34	1.75	66.80	3.43
DM	23.27	1.53	58.91	6.09	22.87	1.84	66.31	3.68
AIDS	23.32	1.71	63.15	7.62	23.45	1.79	66.32	3.63
CJD	22.86	1.91	63.66	6.88	23.17	1.88	68.53	2.65
Autism	23.52	1.49	63.24	7.36	23.20	1.57	66.65	4.26
EMF	23.29	1.67	60.52	5.38	22.29	2.05	61.91	7.56
F value	380.721		171.228		372.716		556.411	
P value	< 0.001		< 0.001		< 0.001		< 0.001	

Table 4.7 *Effect of rutile and antibiotics on PAH and serotonin.*

Group	PAH % (Increase with Rutile)		PAH % (Decrease with Doxy+Cipro)		5 HT % change (Increase with Rutile)		5 HT % change (Decrease with Doxy+Cipro)	
	Mean	± SD	Mean	± SD	Mean	± SD	Mean	± SD
Normal	4.41	0.15	18.63	0.12	4.34	0.15	18.24	0.37
Schizo	21.88	1.19	66.28	3.60	23.02	1.65	67.61	2.77
Seizure	22.29	1.33	65.38	3.62	22.13	2.14	66.26	3.93
AD	23.66	1.67	65.97	3.36	23.09	1.81	65.86	4.27
MS	22.92	2.14	67.54	3.65	21.93	2.29	63.70	5.63
NHL	23.81	1.90	66.95	3.67	23.12	1.71	65.12	5.58
DM	24.10	1.61	65.78	4.43	22.73	2.46	65.87	4.35
AIDS	23.43	1.57	66.30	3.57	22.98	1.50	65.13	4.87
CJD	23.70	1.75	68.06	3.52	23.81	1.49	64.89	6.01
Autism	22.76	2.20	67.63	3.52	22.79	2.20	64.26	6.02
EMF	22.28	1.52	64.05	2.79	22.82	1.56	64.61	4.95
F value	403.394		680.284		348.867		364.999	
P value	< 0.001		< 0.001		< 0.001		< 0.001	

Discussion

There was increase in cytochrome F420 indicating archaeal growth. The archaea can synthesise and use cholesterol as a carbon and energy source[15,16]. The archeal origin of the enzyme activities was indicated by antibiotic induced suppression. The study indicates the presence of actinide based archaea with an alternate actinide based enzymes or metalloenzymes in the system as indicated by rutile induced increase in enzyme activities[17]. There was also an increase in archaeal HMG CoA reductase activity indicating increased cholesterol synthesis by the archaeal mevalonate pathway. The archaeal beta hydroxyl steroid dehydrogenase activity indicating digoxin synthesis and archaeal cholesterol hydroxylase activity indicating bile acid synthesis were increased[7]. The archaeal cholesterol oxidase activity was increased resulting in generation of pyruvate and hydrogen peroxide[16]. The pyruvate gets converted to glutamate and ammonia by the GABA shunt pathway. The archaeal aromatization of cholesterol generating PAH, serotonin and dopamine was also detected[18]. The archaeal glycolytic hexokinase activity and archaeal extracellular ATP synthase activity were increased. The archaea can undergo magnetite and calcium carbonate mineralization and can exist as calcified nanoforms.[19]

The metal actinides provide radiolytic energy, catalysis for oligomer formation and provide a coordinating ion for metalloenzymes all important in abiogenesis[6]. The metal actinide surfaces would by surface metabolism generate acetate which could get converted to acetyl CoA and then to cholesterol which functions as the primal prebiotic molecule self organizing into self replicating supramolecular systems, the lipid organism[8,9,20]. Cholesterol by radiolysis by actinides would have formed PAH generating PAH aromatic organism[8]. Cholesterol radiolysis would generate pyruvate which would get converted to amino acids, sugars, nucleotides, porphyrins, fatty acids and TCA acids.

Anastase and rutile surfaces can produce polymerization of amino acids, isoprenyl residues, PAH and nucleotides to generate the initial lipid organism, PAH organism, prions and RNA viroids which would have symbiosed to generate the archaeal protocell. The archaea evolved into gram negative and gram positive bacteria with a mevalonate pathway which had an evolutionary advantage. The symbiosis of archaea with gram negative organism generated the eukaryotic cell[21]. The data supports the persistence of an actinide and cholesterol based shadow biosphere which throws light on the actinide based origin of life and cholesterol as the premier prebiotic molecule.

There was an increase in free RNA indicating self replicating RNA viroids and free DNA indicating generation of viroid complementary DNA strands by archaeal reverse transcriptase activity. The actinides modulate RNA folding and catalyse its ribozymal action. Digoxin can cut and paste the viroidal strands by modulating RNA splicing generating RNA viroidal diversity. The viroids are evolutionarily escaped archaeal group I introns which have retrotransposition and self splicing qualities. Archaeal pyruvate can produce histone deacetylase inhibition resulting in endogenous retroviral (HERV) reverse transcriptase and integrase expression. This can integrate the RNA viroidal complementary DNA into the noncoding region of eukaryotic noncoding DNA using HERV integrase as has been described for borna and ebola viruses[21]. The noncoding DNA is lengthened by integrating RNA viroidal complementary DNA with the integration going on as a continuing event. The archaea genome can also get integrated into human genome using integrase as has been described for trypanosomes. The integrated viroids and archaea can undergo vertical transmission and can exist as genomic parasites. This increases the length and alters the grammar of the noncoding region producing memes or memory of acquired characters. The viroidal complementary DNA can function as jumping genes producing a dynamic genome.[22-24]

The presence of muramic acid, HMG CoA reductase and cholesterol oxidase activity inhibited by antibiotics indicates the presence of bacteria with mevalonate pathway. The bacterial with mevalonate pathway include streptococcus, staphylococcus, actinomycetes, listeria, coxiella and borrelia. The bacteria and archaea with mevalonate pathway and cholesterol catabolism had an evolutionarily advantage and constitutes the isoprenoidal clade organism. The archaea evolved into mevalonate pathway gram positive and gram negative isoprenoid clade organism through horizontal gene transfer of viroidal and virus genes. The isoprenoidal clade prokaryotes develop into other groups of prokaryotes via viroidal/virus as well as eukaryotic horizontal gene transfer producing bacterial speciation.[25-27]

The RNA viroids and its complementary DNA developed into cholesterol enveloped RNA and DNA viruses like herpes, retrovirus, influenza virus, borna virus, cytomegalo virus and Ebstein Barr virus by recombining with eukaryotic and human genes resulting in viral speciation. Bacterial and viral species are ill defined and fuzzy with all of them forming one common genetic pool with frequent horizontal gene transfer and recombination.

Thus the multi and unicellular eukaryote with its genes serves the purpose of prokaryotic and viral speciation. The multicellular eukaryote developed so that their endosymbiotic archaeal colonies could survive and forage better. The multicellular eukaryotes are like bacterial biofilms. The archaea and bacteria with a mevalonate pathway uses the extracellular RNA viroids and DNA viroids for quorum sensing and in the generation of symbiotic biofilm like structures which develop into multicellular eukaryotes. The endosymbiotic archaea and bacteria with mevalonate pathway still uses the RNA viroids and DNA viroids for the regulation of multicellular eukaryote.[28,29,30,31]

Pollution is a major inducer of evolutionary innovation. Pollution is induced by the primitive nanoarchaea and mevalonate pathway bacteria synthesised PAH and methane leading on to redox stress. Redox stress leads to sodium potassium ATPase inhibition, inward movement of plasma membrane cholesterol, defective SREBP sensing, increased cholesterol synthesis and nanoarchaeal/mevalonate pathway bacterial growth. Redox stress leads on to viroidal and archaeal multiplication. Redox stress can also lead to HERV reverse transcriptase and integrase expression. The noncoding DNA is formed of integrating RNA viroidal complementary DNA and archaea with the integration going on as a continuing event. The archaeal pox like dsDNA virus forms evolutionarily the nucleus. The integrated viroidal, archaeal and mevalonate pathway bacterial sequences can undergo vertical transmission and can exist as genomic parasites. The genomic integrated archaea, mevalonate pathway bacteria and viroids form a genomic reserve of bacteria and viruses which can recombine with human and eukaryotic genes producing bacterial and viral speciation. The change in the length and grammar of the noncoding region produces eukaryotic speciation and individuality. The integration of nanoarchaea, mevalonate pathway prokaryotes and viroids in to the eukaryotic and human genome produces a chimera which can multiply producing biofilm like multicellular structures having a mixed archaeal, viroidal, prokaryotic and eukaryotic characters which is a regression from the multicellular eukaryotic tissue. This results in a new neuronal, metabolic, immune and tissue phenotype leading to human disease.[30,31,32]

Pollution would have been a major factor in eukaryotic speciation and primate/hominid evolution. The change in the length and grammar of the noncoding region produces eukaryotic speciation and individuality. It is the increase in noncoding region and HERV sequences of the genome that led to the evolution of the primate and the human brain and its attendant property of conscious and

quantal perception. It is the noncoding region of the genome with its archaeal, RNA viroidal complementary DNA and HERV sequences that makes for the human qualities of the hominid brain. Changes in the length of noncoding region can lead onto disorders of consciousness like schizophrenia. A schizophrenia specific human endogenous retroviruses and change in the length and grammar of the noncoding region has been described in schizophrenia.[33,34]

An actinide dependent shadow biosphere of archaea and viroids in the above mentioned disease states is described. Metal actinides in beach sands have been postulated to play a role in abiogenesis. Cholesterol is the primal prebiotic molecule synthesised on actinide surfaces with all other biomolecules arising from it. A self replicating cholesterol lipid organism could be the initial life form. A cholesterol based abiogenesis is a more likely evolutionary option and the actinidic archaea and viroids would have evolved from it. The origin of viruses, prokaryotes, eukaryotes, primates and humans from the initial isoprenoid organism derived actinidic archaea is discussed.

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