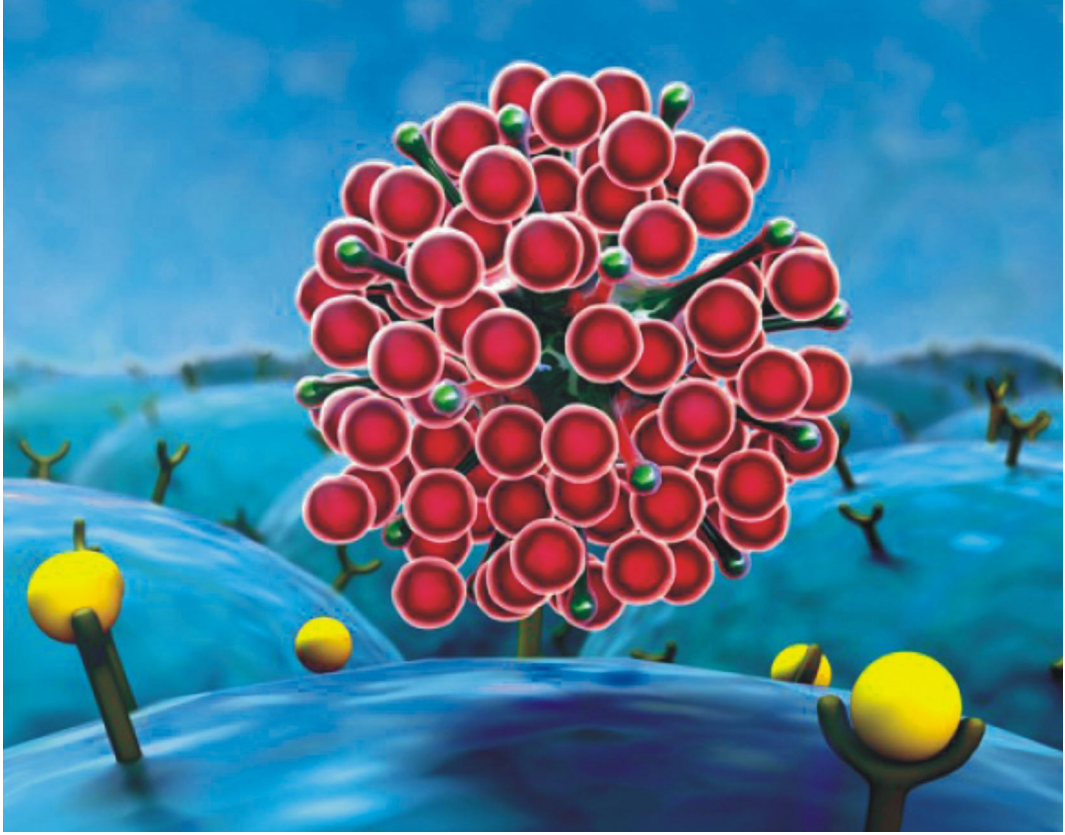

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Autoimmunity, Glycolysis and Systemic Disease

Open Science

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Contents

Chapter 1

The Warburg Phenotype, Glycolysis and Autoimmunity

The Neanderthals are symbiotic life form due to archaeal endosymbiosis. The archaea induces the Warburg phenotype with increased glycolysis and the blockade of the TCA cycle and mitochondrial oxidative phosphorylation. The Warburg phenotype is seen in autoimmune disease, schizophrenia, autism, cancer, degeneration and metabolic syndrome x. The Neanderthals ate a ketogenic diet of fat and protein to suppress the glycolytic pathway. The Neanderthal hybrids formed by homo sapien mating had a high carbohydrate diet due to grain cultivation in settled colonies. This tends to increased glycolysis and accentuates the Warburg phenotype and associated disorders. The glycolytic pathway is upregulated and the mitochondrial oxidative phosphorylation is inhibited. To counteract this certain disease patterns developed in the hybrid population as a adaptive mechanism. These group of disorders develop autoantibodies against glycolytic enzymes. The cell envelope is of archaeal origin and the glycolytic enzymes are cytosolic. This is opposed to the mitochondrial oxidative phosphorylation scheme which is rickettsial in origin. The primitive parts of the brain the cerebellum functions as an archaeal colony network and promotes the Warburg phenotype and glycolysis. The cerebellar brain is dominant in Neanderthals. The HLA genes are neanderthalic in origin and modulate lymphocytic function. The lymphocytes depend on glycolysis for its energy needs. The neocortex functions as a retroviral colony and promotes mitochondrial oxidative phosphorylation. The HERV genes functions as jumping genes and they can jump and insert themselves in between glycolytic enzyme genetic sequences producing mutations and mutated glycolytic enzymes. The glycolytic pathway becomes dysfunctional. Antibodies are formed against the mutated glycolytic proteins. Thus glycolysis and energy metabolism comes to a halt due to the inhibitory effect of the selfish HERV genes which needs mitochondrial function and ROS generation for its replicatory function and communicating with the cell. Disorders like

autoimmune disease, schizophrenia, autism, cancer, degeneration and metabolic syndrome x are disorders of glycolysis and have an autoimmune component against glycolytic enzymes. Glycolytic inhibition and ketogenic diet is one way to treat autoimmune disease, schizophrenia, autism, cancer, degeneration and metabolic syndrome x. All autoimmune diseases develop to suppress the Warburg phenotype in Neanderthal hybrids. The increased glycolysis contributes to oncogenesis via the mitochondrial PT pore hexokinase. The increased glycolysis produces nuclear cell death via the GAPDH pathway. The phosphoglycerate gets converted to phosphoserine and glycine which can modulate NMDA. Fructose 1,6 diphosphate enters the pentose phosphate pathway generating NADPH which activates NOX modulating NMDA function. Thus the glycolytic pathway can modulate the NMDA pathway contributing to schizophrenia and autism due to dysfunction of consciousness. The PDH inhibition accumulates pyruvate which enters the GABA shunt generating succinyl CoA and glycine as well as GABA. Succinyl CoA and glycine are substrates for porphyrin synthesis and contributes to quantal perception important in schizophrenia and autism. The increased lymphocytic glycolysis and glycolytic antigens contribute to autoimmune disease. Glycolytic antigens also contribute to neurodegeneration, neuropsychiatric disorders and metabolic syndrome x. GAD antibodies are involved in metabolic syndrome x. Autoimmunity is a part of antibody mediated attempt to inhibit glycolysis and Warburg phenotype in Neanderthal hybrids who consume a high carbohydrate diet. This as a by-product generates neurodegeneration, autoimmune disease, schizophrenia, autism, cancer and civilisational disease. All these can be controlled by glycolytic inhibitors and ketogenic diet.

Chapter 2

Endosymbiotic Actinidic Archaeal Mediated Warburg Phenotype Mediates Human Disease State

Introduction

Endomyocardial fibrosis along with the root wilt disease of coconut is endemic to Kerala with its radioactive actinide beach sands. Actinides like rutile as well as organisms like phytoplasmas and viroids have been implicated in the etiology of these diseases.[1-4] The Warburg phenotype has been related to the pathogenesis of schizophrenia, malignancy, metabolic syndrome x, autoimmune disease and neuronal degeneration.[4] The possibility of Warburg phenotype induced by actinide based primitive organism like archaea with a mevalonate pathway and cholesterol catabolism was considered in this paper.[5-8] An actinide dependent shadow biosphere of archaea and viroids in the above mentioned disease states is described.[7, 9]

Materials and Methods

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's 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℃ for 1 hour. The following estimations were carried out: - Cytochrome F420 and hexokinase.[11-13] Cytochrome F420 was estimated flourimetrically (excitation wavelength 420 nm and emission wavelength 520 nm). Informed consent of the subjects and the approval of the ethics committee were obtained for the study. The statistical analysis was done by ANOVA.

Results

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 1-2 as percentage change in the parameters after 1 hour incubation as compared to the values at zero time.

Table 1. *Effect of rutile and antibiotics on cytochrome F420.*

Group	CYT F420 % (Increase with Rutile)		CYT F420 % (Decrease with Doxy+Cipro)	
	Mean	**± SD**	**Mean**	**± SD**
Normal	4.48	0.15	18.24	0.66
Schizo	23.24	2.01	58.72	7.08
Seizure	23.46	1.87	59.27	8.86
AD	23.12	2.00	56.90	6.94
MS	22.12	1.81	61.33	9.82
NHL	22.79	2.13	55.90	7.29
DM	22.59	1.86	57.05	8.45
AIDS	22.29	1.66	59.02	7.50
CJD	22.06	1.61	57.81	6.04
Autism	21.68	1.90	57.93	9.64
EMF	22.70	1.87	60.46	8.06
F value	306.749		130.054	
P value	< 0.001		< 0.001	

Table 2. *Effect of rutile and antibiotics on hexokinase.*

Group	Hexokinase % change (Increase with Rutile)		Hexokinase % change (Decrease with Doxy+Cipro)	
	Mean	**± SD**	**Mean**	**± SD**
Normal	4.21	0.16	18.56	0.76
Schizo	23.01	2.61	65.87	5.27
Seizure	23.33	1.79	62.50	5.56
AD	22.96	2.12	65.11	5.91
MS	22.81	1.91	63.47	5.81
NHL	22.53	2.41	64.29	5.44
DM	23.23	1.88	65.11	5.14
AIDS	21.11	2.25	64.20	5.38
CJD	22.47	2.17	65.97	4.62
Autism	22.88	1.87	65.45	5.08
EMF	21.66	1.94	67.03	5.97
F value	292.065		317.966	
P value	< 0.001		< 0.001	

Discussion

There was increase in cytochrome F420 indicating archaeal growth. The archaea can synthesize and use cholesterol as a carbon and energy source.[6, 14] The archaeal 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.[15, 16] The archaeal glycolytic hexokinase activity were increased. The part of the increased glycolytic hexokinase activity detected is human. The archaea can undergo magnetite and calcium carbonate mineralization and can exist as calcified nanoforms.[17]

Archaea can induce the host AKT PI3K, AMPK, HIF alpha and NFKB producing the Warburg metabolic phenotype.[18] The increased glycolytic hexokinase activity indicates the generation of the Warburg phenotype. The generation of the Warburg phenotype is due to activation of HIF alpha. This stimulates anaerobic glycolysis, inhibits pyruvate dehydrogenase, inhibits mitochondrial oxidative phosphorylation, stimulates heme oxygenase, stimulates VEGF and activates nitric oxide synthase. This can lead to increased cell proliferation and malignant transformation. The mitochondrial PT pore hexokinase is increased leading onto cell proliferation. There is induction of glycolysis, inhibition of PDH activity and mitochondrial dysfunction resulting in inefficient energetics and metabolic syndrome. The archaea and viroid generated cytokines can lead to TNF alpha induced insulin resistance and metabolic syndrome x. The increase in glycolysis can activate glyceraldehyde 3 phosphate dehydrogenase which gets translocated to the nucleus after polyadenylation. The PARP enzyme is activated by glycolysis mediated redox stress. This can produce nuclear cell death and neuronal degeneration. The increase in the glycolytic enzyme fructose 1,6 diphosphatase increases the

pentose phosphate pathway. This generates NADPH which activates NOX. NOX activation is related to NMDA activation and glutamate excitotoxicity. This leads onto neuronal degeneration.[18]

The increase in glycolysis activates the enzyme fructose 1,6 diphosphatase which activates the pentose phosphate pathway liberating NADPH. This increases NOX activity generating free radical stress and H_2O_2. Free radical stress is related to insulin resistance and metabolic syndrome x. Free radicals can activate NFKB producing immune activation and autoimmune disease. Free radicals can open the mitochondrial PT pore, produce release of cyto C and activate the caspase cascade. This produces cell death and neuronal degeneration. The free radicals can activate NMDA receptor and induce the enzyme GAD generating GABA. This activates the NMDA/GABA thalamo-cortico-thalamic pathway mediating conscious perception. Increased free radical generation can also initiate schizophrenia. Free radicals can also produce oncogene activation and malignant transformation. Free radicals can produce HDAC inhibition and HERV generation. The encapsulation of HERV particles in phospholipids vesicles can mediate the generation of the acquired immunodeficiency syndrome. Free radicals can also promote atherogenesis.[18]

The lymphocytes depend on glycolysis for its energy needs. The increase in glycolysis owing to the induction of Warburg phenotype can lead to immune activation. Immune activation can lead to autoimmune disease. TNF alpha can activate the NMDA receptor leading to glutamate excitotoxicity and neuronal degeneration. TNF alpha activating NMDA receptor can contribute to schizophrenia. TNF alpha can induce expression of HERV particles contributing to generation of acquired immunodeficiency syndrome. Immune activation has also been related to malignant transformation mediated by NFKB. TNF alpha can also act upon the insulin receptor producing insulin resistance.

NOX activation consequent to the generation of the Warburg phenotype also activates the insulin receptor. Thus there is a hyperinsulinemic state leading on to metabolic syndrome x.[18]

Thus the induction of the Warburg phenotype can lead to malignancy, autoimmune disease, metabolic syndrome x, neuropsychiatric disease and neuronal degeneration. The Warburg phenotype leads to inhibition of pyruvate dehydrogenase and accumulation of pyruvate. The accumulated pyruvate enters the GABA shunt pathway and is converted to citrate which is acted upon by citrate lyase and converted to acetyl CoA, used for cholesterol synthesis. The pyruvate can be converted to glutamate and ammonia which is oxidised by archaea for energy needs. The increased cholesterol substrate leads to increased archaeal growth and further induction of the Warburg phenotype.[18]

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Chapter 3

A Cholesterol and Actinide Dependent Shadow Biosphere of Archaea and Viroids in Human Disease

Introduction

Endomyocardial fibrosis along with the root wilt disease of coconut is endemic to Kerala with its radioactive actinide beach sands. Actinides like rutile, endogenous digoxin as well as organisms like phytoplasmas and viroids have been implicated in the etiology of these diseases.[1-4] Endogenous digoxin has been related to the pathogenesis of Schizophrenia, malignancy, metabolic syndrome x, autoimmune disease and neuronal degeneration.[4] The possibility of endogenous digoxin synthesis by actinide based primitive organism like archaea with a mevalonate pathway and cholesterol catabolism was considered.[5-8] An actinide dependent shadow biosphere of archaea and viroids in the above mentioned disease states is described.[7, 9] Metal actinides in beach sands have been postulated to play a role in abiogenesis.[7] A hypothesis of cholesterol as the primal prebiotic molecule synthesized on actinide surfaces with all other biomolecules arising from it and a self replicating cholesterol lipid organism as the initial life form is presented.

Materials and Methods

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's 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 ℃ for 1 hour. The following estimations were carried out: - Cytochrome F420, free RNA, free DNA, polycyclic aromatic hydrocarbon, hydrogen peroxide, dopamine, serotonin, pyruvate, ammonia, glutamate, cytochrome C, hexokinase, ATP synthase, HMG CoA reductase, digoxin and bile acids.[11-13] 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. Informed consent of the subjects and the approval of the ethics committee were obtained for the study. The statistical analysis was done by ANOVA.

Results

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 1. *Effect of rutile and antibiotics on cytochrome F420 and PAH.*

Group	CYT F420 % (Increase with Rutile)		CYT F420 % (Decrease with Doxy+Cipro)		PAH % change (Increase with Rutile)		PAH % 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 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 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. *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 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 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 7. *Effect of rutile and antibiotics on dopamine and serotonin.*

Group	DOPAMINE % (Increase with Rutile)		DOPAMINE % (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 synthesize and use cholesterol as a carbon and energy source.[6, 14] The archaeal 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.[15] 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.[8] The archaeal cholesterol oxidase activity was increased resulting in generation of pyruvate

and hydrogen peroxide.[14] 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.[16] 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.[17] 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.[18] 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 non coding DNA using HERV integrase as has been described for borna and ebola viruses.[19] 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.[20] The integrated viroids and archaea can undergo vertical transmission and can exist as genomic parasites.[19, 20] This increases the length and alters the grammar of the noncoding region producing memes or memory of acquired characters as well as eukaryotic speciation and individuality.[21] The viroidal complementary DNA can function as jumping genes producing a dynamic genome important in storage of synaptic information, HLA gene expression and developmental gene expression. The RNA viroids can regulate mRNA function by RNA interference.[18] The phenomena of RNA interference

can modulate T cell and B cell function, insulin signaling lipid metabolism, cell growth and differentiation, apoptosis, neuronal transmission and euchromatin / heterochromatin expression.

The archaea and viroids can regulate the nervous system including the NMDA/GABA thalamo-cortico-thalamic pathway mediating conscious perception.[4, 22] NMDA/GABA receptors can be modulated by digoxin induced calcium oscillations resulting NMDA/GAD activity induction, PAH increasing NMDA activity and inducing GAD as well as viroid induced RNA interference.[4] The cholesterol ring oxidase generated pyruvate can be converted by the GABA shunt pathway to glutamate and GABA. The dipolar PAH and archaeal magnetite in the setting of digoxin induced sodium potassium ATPase inhibition can produce a pumped phonon system mediated Frohlich model superconducting state [22] inducing quantal perception with nanoarchaeal sensed gravity producing the orchestrated reduction of the quantal possibilities to the macrosopic world.[4, 22] The archaea can regulate limbic lobe transmission with archaeal cholesterol aromatase/ring oxidase generated norepinephrine, dopamine, serotonin and acetyl choline.[16] The higher degree of integration of the archaea into the genome produces increased digoxin synthesis producing right hemispheric dominance and lesser degree producing left hemispheric dominance.[4] The increased integration of archaea into the neuronal genome can produce increased cholesterol oxidase and aromatase mediated monoamine and NMDA transmission producing Schizophrenia and Autism. Archaea and RNA viroid can bind the TLR receptor induce NFKB producing immune activation and cytokine TNF alpha secretion. The archaeal DXP and mevalonate pathway metabolites can bind γδ TCR and digoxin induced calcium signaling can activate NFKB producing chronic immune activation.[4, 23] The archaea and viroid induced chronic immune activation and generation of superantigens can lead on to autoimmune disease. Archaea, viroids and digoxin can induce the

host AKT PI3K, AMPK, HIF alpha and NFKB producing the Warburg metabolic phenotype.[24] The increased glycolytic hexokinase activity, decrease in blood ATP, leakage of cytochrome C, increase in serum pyruvate and decrease in acetyl CoA indicates the generation of the Warburg phenotype. There is induction of glycolysis, inhibition of PDH activity and mitochondrial dysfunction resulting in inefficient energetics and metabolic syndrome. The archaea and viroid generated cytokines can lead to TNF alpha induced insulin resistance and Metabolic Syndrome X. The accumulated pyruvate enters the gaba shunt pathway and is converted to citrate which is acted upon by citrate lyase and converted to acetyl CoA, used for cholesterol synthesis.[24] The pyruvate can be converted to glutamate and ammonia which is oxidised by archaea for energy needs. The increased cholesterol substrate leads to increased archaeal growth and digoxin synthesis leading to metabolic channeling to the mevalonate pathway. The archaeal bile acids are steroidal hormones which can bind GPCR and modulate D2 regulating the conversion of T4 to T3 which activates uncoupling proteins, can activate NRF ½ inducing NQO1, GST, HOI reducing redox stress, can bind FXR regulating insulin receptor sensitivity and bind PXR inducing the bile acid shunt pathway of cholesterol detoxification.[25] The archaea and viroid induced monocyte activation and Warburg phenotype induced increased cholesterol synthesis leads to atherogenesis. The Warburg phenotype induced increased mitochondrial PT pore hexokinase, archaeal PAH and viroid induced RNA interference can lead on to malignant transformation. The digoxin and PAH induced increased intracellular calcium can lead to PT pore dysfunction, cell death and neuronal degeneration.[4] The archaeal cholesterol catabolism can deplete the cell membranes of cholesterol resulting in organelle dysfunction and degeneration. The RNA viroids can recombine with HERV sequences and get encapsulated in microvesicles contributing to the retroviral state. The prion protein conformation is modulated by RNA viroid

binding producing Prion Disease. The archaeal digoxin and rutile induced magnesium depletion can lead MPS deposition and produce EMF, CCP, MNG and mucoid angiopathy.[4]

The metal actinides provide radiolytic energy, catalysis for oligomer formation and provide a coordinating ion for metalloenzymes all important in abiogenesis.[7] 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.[9, 26, 27] Cholesterol by radiolysis by actinides would have formed PAH generating PAH aromatic organism.[9] 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 a evolutionary advantage and the symbiosis of archaea with gram negative organism generated the eukaryotic cell.[28] 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.

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Chapter 4

The Archaeal Induced Stem Cell Conversion Produces an Epidemic Benjamin Buttons Reverse Aging Syndrome Leading to Systemic & Neuropsychiatric Diseases and a Spiritual, Surrealistic Evil Brain

Introduction

The global warming produces increased acidity and atmospheric carbon dioxide resulting in extremophilic archaeal symbiosis in humans. The archaeal symbiosis results in neanderthalisation of humans. The archaea induced uncoupling proteins producing the primitive Warburg phenotype and stem cell metabolonomics. The archaeal metabolites of cholesterol digoxin, bile acids and short chain fatty acids induce uncoupling proteins. The lysosomal enzymes a marker of stem cell conversion are markedly increased along with genesis of the archaeal phenotype in metabolic syndrome x, degenerations, autoimmune diseases, cancer, schizophrenia and autism. In all these systemic diseases there is somatic cell transformation to stem cell and lose of function. The neurons become immature and lose their dendritic spines and connectivity. This results in loss of neuronal function and reversion to archaeal magnetite mediated extrasensory perception of low level of EMF. Exposure to low level of EMF results in brain changes. This results in prefrontal cortex atrophy. The primitive brain areas of cerebellum and brain stem become hypertrophic. The somatic and neuronal cell proliferates and there is neanderthalisation of the brain and body.[1-17]

The idea of goodness is based on reason and logic. Reason judgment and logic is a function of the cerebral cortex especially the prefrontal lobe. Prefrontal lobe function needs dynamic synaptic connectivity which is produced by jumping genes mediated by human endogenous retroviral sequences. Goodness is correlated with heaven. The idea of evil is based on the unconscious and the impulsive behavior related to subcortical areas especially the cerebellum. The cerebellum is the site of impulsive behavior and the unconscious behavior. The cerebellar and subcortical brain connections are predominantly archaeal colony networks. The idea of evil is related to hell. The

idea of conscious judgmental acts and unconscious impulsive acts, heaven and hell, goodness and evil are juxtapositions. The global warming and exposure to low level of EMF leads to actinidic archaeal growth in the brain and increased archaeal magnetite mediated perception of low level of EMF. This leads to prefrontal cortex atrophy and cerebellar dominance. The conscious becomes minimal and unconscious brain takes over. The study assessed archaeal growth as assessed by cytochrome F420 activity and stem cell type metabolonomics in systemic diseases, neuropsychiatric disorders and normal individuals with differing psychological profile - prisoners, creative individuals and common sense modulated business men.[1-17] The results are presented in this paper.

Materials and Methods

The blood samples were drawn from four groups of psychological different population spiritually inclined, criminal prisoners, creative artists and business men. There were 15 members in each group. The blood samples were also drawn from 15 cases each of metabolic syndrome, degenerations - Alzheimer's disease, autoimmune disease - SLE, cancer - brain glioma, schizophrenia and autism. The estimations done in the blood samples collected include cytochrome F420 activity. Blood lactate, pyruvate, hexokinase, cytochrome C, cytochrome F420, digoxin, bile acids, butyrate and propionate were estimated.

Results

The results showed that the spiritual, artistic creative individuals and criminal prisoners had increased cytochrome F420 activity and RBC digoxin levels. The results showed that the businessmen had decreased cytochrome F420 activity and RBC digoxin levels. The blood samples of Alzheimer's disease,

autoimmune disease - SLE, cancer - brain glioma, schizophrenia and autism had increased blood lactate and pyruvate, increased RBC hexokinase, increased serum cytochrome C and serum cytochrome F420, increased serum digoxin, bile acids, butyrate and propionate. The disease state had increased cytochrome F420 activity. The serum cytochrome C levels in the blood were increased. This suggested mitochondrial dysfunction. There was an increased in glycolysis as suggested by increased RBC hexokinase activity and lactic acidosis. Owing to the mitochondrial dysfunction and pyruvate dehydrogenase inhibition there was pyruvate accumulation. The pyruvate was converted to lactate by the Cori cycle and also to glutamate and ammonia. This metabolism is suggestive of the Warburg phenotype and stem cell conversion. The stem cells depend on Warburg anaerobic glycolysis for energetics and have a mitochondrial dysfunction. The lysosomal enzyme beta galactosidase activity was increased in the disease group and in creative artists and criminals suggesting stem cell conversion. This suggests that artistic creative, criminal prisoners as well as spiritual individuals tend to have stem cell metabolonomics and stem cell conversion.

Table 1

Group	Cytochrome F 420		Serum Cyto C (ng/ml)		Lactate (mg/dl)		Pyruvate (umol/l)		RBC Hexokinase (ug glu phos/ hr/mgpro)	
	Mean	± SD	Mean	± SD	Mean	± SD	Mean	± SD	Mean	± SD
Normal population	1.00	0.00	2.79	0.28	7.38	0.31	40.51	1.42	1.66	0.45
Spiritual	4.00	0.00	12.39	1.23	25.99	8.10	100.51	12.32	5.46	2.83
Acquisitive capitalist	0.00	0.00	1.21	0.38	2.75	0.41	23.79	2.51	0.68	0.23
Artistic	4.00	0.00	12.84	0.74	23.64	1.43	96.19	12.15	10.12	1.75
Criminality	4.00	0.00	12.72	0.92	25.35	5.52	103.32	13.04	9.44	3.40
Schizo	4.00	0.00	11.58	0.90	22.07	1.06	96.54	9.96	7.69	3.40
Seizure	4.00	0.00	12.06	1.09	21.78	0.58	90.46	8.30	6.29	1.73
HD	4.00	0.00	12.65	1.06	24.28	1.69	95.44	12.04	9.30	3.98
AD	4.00	0.00	11.94	0.86	22.04	0.64	97.26	8.26	8.46	3.63
MS	4.00	0.00	11.81	0.67	23.32	1.10	102.48	13.20	8.56	4.75
SLE	4.00	0.00	11.73	0.56	23.06	1.49	100.51	9.79	8.02	3.01
NHL	4.00	0.00	11.91	0.49	22.83	1.24	95.81	12.18	7.41	4.22
Glio	4.00	0.00	13.00	0.42	22.20	0.85	96.58	8.75	7.82	3.51
DM	4.00	0.00	12.95	0.56	25.56	7.93	96.30	10.33	7.05	1.86
CAD	4.00	0.00	11.51	0.47	22.83	0.82	97.29	12.45	8.88	3.09
CVA	4.00	0.00	12.74	0.80	23.03	1.26	103.25	9.49	7.87	2.72
AIDS	4.00	0.00	12.29	0.89	24.87	4.14	95.55	7.20	9.84	2.43
CJD	4.00	0.00	12.19	1.22	23.02	1.61	96.50	5.93	8.81	4.26
Autism	4.00	0.00	12.48	0.79	21.95	0.65	92.71	8.43	6.95	2.02
DS	4.00	0.00	12.79	1.15	23.69	2.19	91.81	4.12	8.68	2.60
Cerebral Palsy	4.00	0.00	12.14	1.30	23.12	1.81	95.33	11.78	7.92	3.32
CRF	4.00	0.00	12.66	1.01	23.42	1.20	97.38	10.76	7.75	3.08
Cirr/Hep Fail	4.00	0.00	12.81	0.90	26.20	5.29	97.77	13.24	8.99	3.27
Low level background radiation	4.00	0.00	12.26	1.00	23.31	1.46	103.28	11.47	7.58	3.09
F value	0.001		445.772		162.945		154.701		18.187	
P value	< 0.001		< 0.001		< 0.001		< 0.001		< 0.001	

Table 2

Group	ACOA (mg/dl)		Glutamate (mg/dl)		Se. Ammonia (ug/dl)		RBC Digoxin (ng/ml RBC Susp)		Beta galactosidase activity in serum (IU/ml)	
	Mean	±SD	Mean	±SD	Mean	±SD	Mean	±SD	Mean	±SD
Normal population	8.75	0.38	0.65	0.03	50.60	1.42	0.58	0.07	17.75	0.72
Spiritual	2.51	0.36	3.19	0.32	93.43	4.85	1.41	0.23	55.17	5.85
Acquisitive capitalist	16.49	0.89	0.16	0.02	23.92	3.38	0.18	0.05	8.70	0.90
Artistic	2.51	0.42	3.11	0.36	92.40	4.34	1.40	0.32	46.37	4.87
Criminality	2.19	0.19	3.27	0.39	95.37	5.76	1.51	0.29	47.47	4.34
Schizo	2.51	0.57	3.41	0.41	94.72	3.28	1.38	0.26	51.17	3.65
Seizure	2.15	0.22	3.67	0.38	95.61	7.88	1.23	0.26	50.04	3.91
HD	1.95	0.06	3.14	0.32	94.60	8.52	1.34	0.31	51.16	7.78
AD	2.19	0.15	3.53	0.39	95.37	4.66	1.10	0.08	51.56	3.69
MS	2.03	0.09	3.58	0.36	93.42	3.69	1.21	0.21	47.90	6.99
SLE	2.54	0.38	3.37	0.38	101.18	17.06	1.50	0.33	48.20	5.53
NHL	2.30	0.26	3.48	0.46	91.62	3.24	1.26	0.23	51.08	5.24
Glio	2.34	0.43	3.28	0.39	93.20	4.46	1.27	0.24	51.57	2.66
DM	2.17	0.40	3.53	0.44	93.38	7.76	1.35	0.26	51.98	5.05
CAD	2.37	0.44	3.61	0.28	93.93	4.86	1.22	0.16	50.00	5.91
CVA	2.25	0.44	3.31	0.43	103.18	27.27	1.33	0.27	51.06	4.83
AIDS	2.11	0.19	3.45	0.49	92.47	3.97	1.31	0.24	50.15	6.96
CJD	2.10	0.27	3.94	0.22	93.13	5.79	1.48	0.27	49.85	6.40
Autism	2.42	0.41	3.30	0.32	94.01	5.00	1.19	0.24	52.87	7.04
DS	2.01	0.08	3.30	0.48	98.81	15.65	1.34	0.25	47.28	3.55
Cerebral Palsy	2.06	0.35	3.24	0.34	92.09	3.21	1.44	0.19	53.49	4.15
CRF	2.24	0.32	3.26	0.43	98.76	11.12	1.26	0.26	49.39	5.51
Cirr/Hep Fail	2.13	0.17	3.25	0.40	94.77	2.86	1.50	0.20	46.82	4.73
Low level background radiation	2.14	0.19	3.47	0.37	102.62	26.54	1.41	0.30	51.01	4.77
F value	1871.04		200.702		61.645		60.288		194.418	
P value	< 0.001		< 0.001		< 0.001		< 0.001		< 0.001	

Discussion

The systemic diseases and neuropsychiatric disorders tend to have a predominant anaerobic glycolytic metabolism and mitochondrial oxidative phosphorylation is suppressed. The metabolism is similar to the metabolism of the stem cell. The pyruvate and lactate levels are increased with a decrease in acetyl coenzyme A and ATP. The glycolytic pathway and hexokinase is increased. This indicates a Warburg phenotype depending upon anaerobic glycolysis for energetics. The lysosomal enzymes beta galactosidase a stem cell marker is increased. The cytochrome F420 is also increased as well as the archaeal catabolite digoxin which suppresses sodium potassium ATPase. Bacteria and archaea are supposed to induce stem cell transformation. The induction of uncoupling proteins leads to stem cell transformation. The uncoupling proteins inhibit oxidative phosphorylation and the substrates are directed to anaerobic glycolysis. Digoxin by inhibiting sodium potassium ATPase can increase intracellular calcium, induce mitochondrial permeability transient pore function and uncouple oxidative phosphorylation. The side chain of cholesterol is catabolised by archaea to butyric acid and propionic acid which uncouple oxidative phosphorylation. The archaeal side chain hydroxylase convert cholesterol to bile acids which uncouple oxidative phosphorylation. Thus archaeal symbiosis in the cell results in cholesterol catabolism and the catabolites digoxin, bile acids and short chain fatty acids uncouple oxidative phosphorylation, inhibit mitochondrial function and promote anaerobic glycolysis. The conversion of somatic cells to stem cell helps in archaeal persistence within the cell and symbiosis. Mycobacterium leprae infection can convert Schwann cells to stem cells. Archaeal infection produces somatic cell conversion to stem cells for archaeal persistence. The conversion to stem cell results in proliferation and loss of function resulting in systemic disease and

neuropsychiatric disorders. Stem cell conversion of neurons and loss of function results in development of a new psychological phenotype.[1-17]

The systemic and neuronal cell in metabolic syndrome x, cancer, autoimmune disease, degenerations, schizophrenia and autism behaves like the stem cell. It is plausible to hypothesize a somatic cell conversion to stem cell in these disorders. The differentiated cells by archaeal induction get converted to stem cell. The stem cell is a immature cell with loss of function. The neurons lose their dendritic spines and loss of connectivity. The brain function becomes primitive. The neurons are adendritic and disconnected. This results in complex brain structures like the modern cerebral cortex and prefrontal cortex atrophy. The primitive parts of the brain the brain stem and cerebellum hypertrophies. This results in neanderthalisation of the brain with a prominent occipital bun and atrophied prefrontal cortex. The prefrontal cortex atrophy results in loss of logic, judgment, reasoning and executive functions. The hypertrophy of the cerebellum and brain stem results in dominance of impulsive behavior. The difference between reality and dreams is lost. The brain is ruled by the senses and impulses. The brain becomes dysfunctional with more of violent, aggressive and cannibalistic behavior. The art becomes more abstract and related to the unconscious. The world of the unconscious brain with its archetypes takes over. There is loss of the world of reasoning, logic and judgment. It is a world of impulsiveness in which primitive tendencies with relation to the unconscious becomes dominant. This produces more of ritualized behavior, violent and aggressive tendencies, terrorism, war, sexual obscenities and alternate sexuality. It is a world of the senses. It is also intensely evil as well as spiritual. The inhibition of the conscious due to loss of cortical functions and the dominance of the unconscious leads to mystical experience. There is a overflowing of spirituality. The paradoxical side of this behavior also dominates. The violence, aggression, obsessive sexuality, magic realism in literature,

abstract painting, rock music and dance and modern poetry as well as literature produces transcedence of a different kind. This results in surrealism and syntheism. The loss of function of the neurons results in schizophrenia, autism and degenerations. The increased archaeal induced proliferation of stem cells results in a big sized brain and trunk as in Neanderthals. This archaeal symbiosis produces neanderthalisation and a stem cell syndrome. This produces reverse aging which can be called as an epidemic Benjamin Button syndrome. The lymphocytic stem cells have uncontrolled proliferation and results in autoimmune diseases. The stem cell proliferation results in oncogenesis. The stem cell metabolonomics with inhibited mitochondrial function and anaerobic glycolysis results in metabolic syndrome x. Stem cell markers are increased in schizophrenia and autism and the neurons lack dendritic spines. Stem cell markers are also increased in autoimmune disease. The diabetic metabolism is akin to stem cell metabolism. The cancer cell behaves like the stem cell.[1-17]

In the metaphysics of evil the unconscious dominates and the behavior is impulsive dictated by primitive thoughts. The unconscious modulated by the cerebellum is responsible for automatic acts producing what is called as psychic automatism. The unconscious parallels what Jung described as the archetypes of the collective unconscious. The metaphysics of evil leads to a syntheistic brain with the dominance of the willpower. The primitive archetypes produce concepts of abstract painting, psychedelic music and dance and postmodern literature or magical realism. All these are modes of connecting with the unconscious. The unconscious produces primitive selfish tendencies leading to individualism and capitalism. The unconscious helps to transcend taboos and creates the surrealistic world. The collective unconscious also produces a sense of spirituality and oneness. It is an impulsive brain with fixations and primitive obsessions. There is cerebellar psychic automatism. This leads to ritualized behaviours. The dominance of the collective unconscious results in ritualized

behaviors characteristic of religious worship. The collective unconscious also leads to the creation of obscene art and literature as well as violence which is a form of trancedence. Coprolalic religious ritual ceremonies had been described in some parts of the world. Terrorism and acts of violence are also a type of trancedence. The same phenomena occur in ritual sacrifices in religion, the violence of war and the acquisitiveness of capitalism. The primitive unconscious leads to the will to power. This produces greedy capitalism, dictatorship and fascism. The will to power results in worship of the powerful. It is an individualistic, anarchic, selfish world. The cerebellar world is the primitive world of archetypes in the collective unconscious. The abstract paintings have links with the collective unconscious. The rock music or modern music contains rhythmic primitive chaotic sounds coming out the collective unconscious. The primitive collective unconscious links up post modern literature or magic realism with violence, love, hate, evil, obscenities and death. Thus literature, music, dance and painting helps to overcome reality and rationality producing transcendence. The unconscious brain is formed of an archaeal colony network and is adynamic and inflexible. There is an epidemic of autism and schizophrenia. The loss of function of neurons leads to increased extrasensory perception via archaeal magnetite. This can lead to the lack of development of speech and ritualized behaviours of autism. This also produces the thought disorder, hallucinations and delusions of schizophrenia. It looks like an epidemic cerebellar cognitive, affective disorder.[1-17]

The goodness is related to conscious brain localized in the cortical areas. The cortical areas mediate moralistic, functionally atheistic, civil society behavior. The civil society depends upon common good. The cortical world is a world of morality, rationality, altruism, civility and decencies. This needs inhibitory power of the cerebral cortex. Such a society is non-capitalistic and works for the common good. It tends to be non creative. The primitive collective spirituality

and oneness is lost. It is replaced by goodness based on judgment, reasoning and morality. It is a moralistic world where taboos are banned. This requires synaptic plasticity and is modulated by HERV mediated jumping genes. This needs a dynamic brain and the human cerebral cortex evolved due to the jumping genes generated from human endogenous retroviral sequences. The cerebellar world comparatively is impulsive, criminal, violent, terroristic with love of war, selfish, acquisitive, spiritual, autistic, obsessive, schizophrenic, obscene, evil, ritualized, artistic, illogical and cruel. It is mediated by the archaeal colony network. The stem cell transformation of somatic cells results in HERV resistance and retroviral resistance. Archaeal digoxin inhibits reverse transcriptase by producing magnesium deficiency as well as modulates RNA viral editing inhibiting retroviral replication. This produces lack of HERV jumping genes in this stem cell brain and lack of synaptic plasticity and dynamicity. The stem cell syndrome is characterized by retroviral resistance. Archaeal symbiosis inhibits retroviral infection. The homo sapiens with less of archaeal symbiosis becomes susceptible to retroviral and other RNA viral infection and gets wiped out. The homo neoneanderthalis are resistance to retroviral and other RNA viral infection and persists. The homo neoneanderthalis dominates all over the world. But the homo neoneanderthalis are prone to civilisational disease like malignancy, autoimmune disease, neurodegeneration, metabolic syndrome and neuropsychiatric disorders. The homo neoneanderthalis becomes extinct after a period of time.[1-17]

The archaeal induced stem cell syndrome or neanderthalisation is due to global warming and acid rains resulting in increased extremophilic archaeal symbiosis. The archaea catabolizes cholesterol and generates digoxin, bile acids and short chain fatty acids which produce induction of uncoupling proteins. This produces mitochondrial dysfunction and the cell obtains its energetics from glycolysis. Archeal digoxin produces membrane sodium potassium ATPase inhibition which

also contributes to stem cell conversion. The whole body somatic and brain undergoes stem cell conversion and becomes a stem cell phenotype with Warburg metabolic phenotype. The generalized acidity due to global warming and increased atmospheric carbon dioxide also facilitates archaeal growth and stem cell transformation. The acidic pH due to the Warburg phenotype and increased atmospheric carbon dioxide also results in stem cell conversion. The somatic differentiated cell getting converted to stem cells lose their function and become dysfunctional metabolically, neurologically, immunologically and endocrine-wise. This produces the epidemic Benjamin button syndrome and the human species becomes neanderthalic and a collection of immature stem cells. This results in epidemic metabolic syndrome x, degenerations, cancer, autoimmune disease, autism and schizophrenia. The brain becomes converted to a collection of stem cells which are dedifferentiated with loss of function and is like an archaeal colony network. The perception becomes extrasensory and quantal depending on archaeal magnetite. The increased amount of low level EMF perception results in prefrontal cortical atrophy. It also produces cerebellar hypertrophy and the cerebellar cognitive function takes over. This also results in societal changes where evil and spirituality dominates. The world of the logical civil society of the Christian world comes to end and paganistic behavior takes over. The society becomes selfish and dominated by impulsive consumerism and acquisitive capitalism. The world becomes cruel, violent, aggressive and terroristic. Art becomes chaotic and abstract in line with the senses and unconscious. There is a predominance of obsessive and alternate sexuality. Criminal behavior and cruelty dominates. The world is impulsive psychopathic, creative autistic with features of idiotic savants, ritualistic, chaotic, sexual, ugly, anarchic, violent, evil, paganistic, obscene, atheistically spiritual as well as selfish. It mimics the Niezteschean world, the deconstructed world of Derrida, the surrealistic world of Bataille and the nihilistic, anarchic world. There is the death of the individual and life becomes

a social value. It is an acephalistic world of Freud and Jung. The art is abstract, the literature is magically real, the music is rock and the dance chaotic. All these results from the extinction of rationality and the dominance of primitive impulsive behavior. A civilization of the senses dominated by the unconscious takes over. The will to goodness given by the cerebral cortex is lost. This results in development of a new homo neoneanderthal human species with its dominant evilly spiritual cerebellar brain. It produces a surrealistic evil brain with realm of the senses, archetypes, evil spirituality and impulsiveness taking over. It is a kingdom of the collective unconscious and selfish capitalism with the will to power and the realm of the senses.[1-17]

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Chapter 5

The Extinction of Homo Sapiens and Symbiotic Neanderthalisation - Relation to Archaeal Mediated RNA Viroids and Amyloidosis

Introduction

Prion proteins have been implicated in systemic disorders like neurodegenerations, cancer and metabolic syndrome. The beta amyloid in Alzheimer's disease, alpha synuclein in Parkinson's disease, the TAR protein in frontotemporal dementia and copper zinc dismutase in motor neuron disease behaves like prion proteins. Prion proteins like behavior is also seen in the tumour suppressor P_{53} protein in cancer and the islet cell associated amyloid in diabetes mellitus. Prion diseases are conformational diseases. The abnormal prion protein seeded into the system converts the normal proteins with prion like domains to abnormal configuration. This abnormal protein resists digestion by lysosomal enzymes after its half life is over and results in deposition of amyloid plaques. This produces organ dysfunction. Prion phenomena were initially described for Creutzfeldt Jakob's disease (CJD), but now it is found to be wide spread in chronic disease pathogenesis. Ribonucleoproteins are well known to behave like prion proteins and form amyloid. We have demonstrated actinidic archaea which secretes RNA viroids in metabolic syndrome, neurodegenerations, cancer, autoimmune disease, schizophrenia, autism and CJD. The RNA viroids can bind with normal proteins with prion like domains eg., superoxide dismutase and produce a ribonucleoprotein resulting in prion phenomena and amyloidogenesis. The actinidic archaeal growth results in increased digoxin synthesis and phenotypic conversion of homo sapiens to homo Neanderthals as reported earlier. The increased actinidic archaeal growth is due to global warming and this results in neanderthalisation. Homo neanderthalis tend to have more of civilisational diseases like metabolic syndrome, neurodegenerations, cancer, autoimmune disease, schizophrenia,

autism and CJD. Actinidic archaeal secreted RNA viroids may play a crucial role in amyloid formation and pathogenesis of these disorders.[1-16]

Materials and Methods

The following groups were included in the study: - 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's 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+cerium 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. Aliquots were withdrawn at zero time immediately after mixing and after incubation at 37 ℃ for 1 hour. The following estimations were carried out: - Cytochrome F420, free RNA, Cytochrome F420 was estimated flourimetrically (excitation wavelength 420 nm and emission wavelength 520 nm). 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 cerium increased their levels. The addition of antibiotics to the patient's plasma caused a decrease in all the parameters while addition of cerium increased their levels but the extent of

change was more in patient's sera as compared to controls. The results are expressed in tables 1-2 as percentage change in the parameters after 1 hour incubation as compared to the values at zero time.

Results

The results show that there was increase in cytochrome F420 in CJD and other disease groups indicating increased archaeal growth. There was also an increase in free RNA indicating self replicating RNA viroids in CJD and other disease groups. The RNA viroid generation was catalysed by actinides. The RNA viroids can bind with proteins having prion like domains forming ribonucleoproteins. These ribonucleoproteins can give an abnormal conformation to the protein resulting in generation of abnormal prions. The abnormal prions can act as a template to convert normal proteins with normal configuration to abnormal conformation. This can result in amyloidogenesis. The abnormal configured proteins will resist lysosomal digestion and accumulate as amyloid.

Table 1. *Effect of cerium and antibiotics on cytochrome F420.*

Group	CYT F420 % (Increase with Cerium)		CYT F420 % (Decrease with Doxy+Cipro)	
	Mean	± SD	Mean	± SD
Normal	4.48	0.15	18.24	0.66
Schizo	23.24	2.01	58.72	7.08
Seizure	23.46	1.87	59.27	8.86
AD	23.12	2.00	56.90	6.94
MS	22.12	1.81	61.33	9.82
NHL	22.79	2.13	55.90	7.29
DM	22.59	1.86	57.05	8.45
AIDS	22.29	1.66	59.02	7.50
CJD	22.06	1.61	57.81	6.04
Autism	21.68	1.90	57.93	9.64
F value	306.749		130.054	
P value	< 0.001		< 0.001	

Table 2. *Effect of cerium and antibiotics on free RNA.*

Group	RNA % change (Increase with Cerium)		RNA % change (Decrease with Doxy+Cipro)	
	Mean	**± SD**	**Mean**	**± SD**
Normal	4.37	0.13	18.38	0.48
Schizo	23.59	1.83	65.69	3.94
Seizure	23.08	1.87	65.09	3.48
AD	23.29	1.92	65.39	3.95
MS	23.29	1.98	67.46	3.96
NHL	23.78	1.20	66.90	4.10
DM	23.33	1.86	66.46	3.65
AIDS	23.32	1.74	65.67	4.16
CJD	23.11	1.52	66.68	3.97
Autism	23.33	1.35	66.83	3.27
F value	427.828		654.453	
P value	< 0.001		< 0.001	

Discussion

There was increase in cytochrome F420 indicating archaeal growth. The archaea can synthesize and use cholesterol as a carbon and energy source. The archaeal origin of the self replicating RNA 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 cerium induced increase in enzyme activities. There was an increase in free RNA indicating self replicating RNA viroids. 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. The RNA viroids can bind with proteins having prion like domains forming ribonucleoproteins. These ribonucleoproteins can give an abnormal conformation to the protein resulting

in generation of abnormal prions. The abnormal prions can act as a template to convert normal proteins with normal configuration to abnormal conformation. This can result in amyloidogenesis. The abnormal configured proteins will resist lysosomal digestion and accumulate as amyloid.

Amyloidogenesis has been implicated in systemic disorders. The beta amyloid in Alzheimer's disease, alpha synuclein in Parkinson's disease, the TAR protein in frontotemporal dementia and copper zinc dismutase in motor neuron disease behaves like prion proteins. Prion proteins like behavior is also seen in the tumour suppressor P_{53} protein in cancer and the islet cell associated amyloid in diabetes mellitus. Prion diseases are conformational diseases.

The RNA viroids generated from actinidic archaea can bind to proteins with prion like domains resulting in generation of ribonucleoproteins. Ribonucleoproteins with abnormal conformation can act as a template for normal proteins with prion like domains to change to abnormal conformation. This results in generation of prion proteins with abnormal conformation resisting lysosomal digestion and generating amyloid. These systemic diseases are due to actinidic archaeal generated RNA viroid induced prion protein generation and amyloidogenesis. Prion proteins have been implicated in systemic disorders like neurodegenerations, cancer and metabolic syndrome. The beta amyloid in Alzheimer's disease, alpha synuclein in Parkinson's disease, the TAR protein in frontotemporal dementia and copper zinc dismutase in motor neuron disease behaves like prion proteins. Prion proteins like behavior is also seen in the tumour suppressor P_{53} protein in cancer and the islet cell associated amyloid in diabetes mellitus. The present study shows that the same prion protein mechanism can operate in schizophrenia, autism and autoimmune diseases. Sporadic CJD is also induced by actinidic archaea induced RNA viroids. Actinidic archaeal induced RNA viroids generated prions

can be transferred between individuals indicating the infective nature of neurodegenerations, cancer, metabolic syndrome, autoimmune disease and neuropsychiatric diseases.

The global warming results in increased growth of actinidic archaea and neanderthalisation of the homo sapien species. The actinidic archaea secreted viroids can generate ribonucleoproteins by binding to proteins with prion like domains. This generates amyloidogenesis and systemic diseases like neurodegenerations, cancer, metabolic syndrome, autoimmune disease and neuropsychiatric diseases. The widespread incidence of these systemic diseases leads to extinction of the neanderthalised species.

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Chapter 6

Endosymbiotic Archaeal Metabolonomics, Neoneanderthalisation and Human Disease - The Origins of Cancer, Autoimmune Disease, Neurodegeneration, Metabolic Syndrome X and Schizophrenia/Autism - Relation to Retroviral Resistance

Introduction

Actinidic archaea has been related to global warming and human diseases especially autoimmune disease, neurodegeneration, neuropsychiatric disorder, neoplasm and metabolic syndrome x. The growth of endosymbiotic actinidic archaea in relation to climate change and global warming leads to neanderthalisation of the human mind-body system. Neanderthal anthropometry and metabolonomics has been described in autoimmune disease, neurodegeneration, neuropsychiatric disorder, neoplasm and metabolic syndrome x especially the Warburg phenotype and hyperdigoxinemia. The human body is driven by archaeal metabolism which contributes to neanderthalisation of the homo sapien species. Digoxin produced by archaeal cholesterol catabolism produces neanderthalisation. Prefrontal cortical atrophy and cerebellar hyperplasia has been related to autoimmune disease, neurodegeneration, neuropsychiatric disorder, neoplasm and metabolic syndrome x in this communication. This leads on to dysautonomia with sympathetic hyperactivity and parasympathetic neuropathy in these disorders. Actinidic archaeal related cerebellar dominance leads to changes in brain function. The archaeal cholesterol catabolism leads to ring oxidase activity generated pyruvate. This enters the GABA shunt pathway producing succinyl CoA and glycine contributing to porphyrin synthesis. The porphyrins contribute to the pathology of these disorders. The archaeal generated digoxin and porphyrins are thus crucial to the evolution of these disorders. Retroviral resistance has been described in Neanderthal species. The increased incidence of archaeal mediated neanderthalisation contributes to retroviral resistance. Digoxin produces intracellular magnesium deficiency which inhibits reverse transcriptase activity and retroviral replication. The porphyrins by

photoinduction can induce retroviral death. Thus the archaeal mediated neanderthalisation can contribute to civilisational diseases - autoimmune disease, neurodegeneration, neuropsychiatric disorder, neoplasm and metabolic syndrome x and retroviral resistance.[1-16] The data is described in this paper.

Materials and Methods

Fifteen cases, each of autoimmune disease, neurodegeneration, neuropsychiatric disorder, neoplasm, metabolic syndrome x and internet addicts were selected for the study. Each case had an age and sex matched control. Neanderthal anthropometric and phenotypic measurements which included protruding supra-orbital ridges, dolichocephalic skull, small mandible, prominent mid face and nose, short upper and lower limbs, prominent trunk, low index finger-ring finger ratio and fair complexion were evaluated in the cases study. Autonomic function tests were done to assess the sympathetic and parasympathetic system in each case. CT scan of the head was done to have a volumetric assessment of the prefrontal cortex and cerebellum. Blood cytochrome F420 activity was assessed by spectrophotometric measurement.

Results

All the case groups studied had higher percentage of Neanderthal anthropometric and phenotypic measurements. There was low index finger-ring finger ratio suggestive of high testosterone levels in all the patient population studied. In all the case groups studied, there also was prefrontal cortex atrophy and cerebellar hyperplasia. Similarly in the all the case groups studied, there was dysautonomia with sympathetic overactivity and parasympathetic

neuropathy. Cytochrome F420 was detected in the entire case group studied showing endosymbiotic archaeal overgrowth.

Table 1. *Neanderthal phenotype and systemic disease.*

Disease	Cyt F420 activity	Neanderthal phenotype	Low index finger-ring finger ratio
Schizophrenia	69%	75%	65%
Autism	80%	75%	72%
Alzheimer's disease	89%	65%	75%
Parkinson's disease	70%	71%	80%
Non-Hodgkin's lymphoma	72%	60%	69%
Multiple myeloma	70%	68%	74%
Diabetes mellitus with stroke and CAD	65%	72%	72%
SLE/Lupus	75%	85%	74%
Multiple sclerosis	80%	75%	75%
Internet users	65%	72%	69%

Table 2. *Neanderthal phenotype and brain dysfunction.*

Disease	Dysautonomia	Prefrontal cortex atrophy	Cerebellar hypertrophy
Schizophrenia	65%	60%	70%
Autism	72%	69%	72%
Alzheimer's disease	60%	72%	60%
Parkinson's disease	62%	71%	68%
Non-Hodgkin's lymphoma	79%	65%	75%
Multiple myeloma	69%	72%	80%
Diabetes mellitus with stroke and CAD	64%	84%	69%
SLE/Lupus	75%	73%	72%
Multiple sclerosis	69%	74%	76%
Internet users	74%	84%	82%

Discussion

Neanderthal metabolonomics contribute to the pathogenesis of these disorders. There were Neanderthal phenotypic features in all the case groups studied as well as low index finger-ring finger ratios suggestive of increased testosterone levels. Neanderthalisation of the mind-body system occurs due to increased growth of actinidic archaea as a consequence of global warming. Neanderthalisation of the mind leads to cerebellar dominance and prefrontal cortex atrophy. This leads to dysautonomia with parasympathetic neuropathy and sympathetic hyperactivity. Digoxin produced by archaeal cholesterol catabolism produces neanderthalisation. Prefrontal cortical atrophy and cerebellar hyperplasia has been related to autoimmune disease, neurodegeneration, neuropsychiatric disorder, neoplasm and metabolic syndrome x in this communication. This leads on to dysautonomia with sympathetic hyperactivity and parasympathetic neuropathy in these disorders. Actinidic archaeal related cerebellar dominance leads to changes in brain function. The archaeal cholesterol catabolism leads to ring oxidase activity generated pyruvate. This enters the GABA shunt pathway producing succinyl CoA and glycine contributing to porphyrin synthesis. The porphyrins contribute to the pathology of these disorders. The archaeal generated digoxin and porphyrins are thus crucial to the evolution of these disorders. Retroviral resistance has been described in Neanderthal species. The increased incidence of archaeal mediated neanderthalisation contributes to retroviral resistance. Digoxin produces intracellular magnesium deficiency which inhibits reverse transcriptase activity and retroviral replication. The porphyrins by photoinduction can induce retroviral death. Thus the archaeal mediated neanderthalisation can contribute to civilisational diseases - autoimmune disease,

neurodegeneration, neuropsychiatric disorder, neoplasm and metabolic syndrome x and retroviral resistance.

Global warming and the ice age produces increased growth of extremophiles. This leads to increased growth of actinidic archaeal endosymbiosis in humans. There is archaeal proliferation in the gut which enters the cerebellum and brain stem by reverse axonal transport via the vagus. The cerebellum and brain stem can be considered as an archaeal colony. The archaea are cholesterol catabolizing and use cholesterol as a carbon and energy source. The actinidic archaea activates the toll receptor HIF alpha inducing the Warburg phenotype resulting in increased glycolysis with generation of glycine as well as pyruvate dehydrogenase suppression. The accumulated pyruvate enters the GABA shunt generating of succinyl CoA and glycine. The archaeal catabolism of cholesterol produces ring oxidation and generation of pyruvate which also enters the GABA shunt scheme producing glycine and succinyl CoA. This leads to increased synthesis of porphyrins. In the setting of digoxin induced sodium potassium ATPase inhibition the dipolar porphyrins produce a pumped phonon system resulting in the Frohlich model Bose-Einstein condensate and quantal perception of low level EMF. Low level EMF pollution is common with internet usage. Perception of low level of EMF leads to neanderthalisation of the brain with prefrontal cortex atrophy and cerebellar hyperplasia. The archaea which reaches the cerebellum from the gut via the vagus nerve proliferates and makes the cerebellum dominant with resultant suppression and atrophy of the prefrontal cortex. This leads to wide spread autistic and schizophrenic traits in population. The actinidic archaea induces the Warburg phenotype with increased glycolysis, PDH inhibition and mitochondrial suppression. This produces neanderthalisation of the mind-body system. The actinidic archaea secretes RNA viroids which block HERV expression by RNA interference. The HERV suppression contributes to the inhibition of prefrontal cortex

development in Neanderthals and cerebellar dominance. Archaeal digoxin produces sodium potassium ATPase inhibition and magnesium depletion causing reverse transcriptase inhibition and decreased generation of HERV. The HERV contributes to the dynamicity of the genome and are required for the development of the prefrontal cortex. The HERV suppression contributes to retroviral resistance in Neanderthals. The actinidic archaea catabolizes cholesterol leading to cholesterol depleted state. Cholesterol depletion also leads to poor synaptic connectivity and decreased development of prefrontal cortex. This is not genetic change but a form of symbiotic change with endosymbiotic actinidic archaeal growth in the body and brain.

Internet use and low level EMF pollution is common in this century. This results in increased low level EMF perception by the brain by the digoxin-porphyrin mediated pumped phonon system created Bose-Einstein condensates contributing to prefrontal cortex atrophy and cerebellar dominance. Cerebellar dominance leads to schizophrenia and autism. There is an epidemic of autism and schizophrenia in the present day community. The porphyrin mediated extrasensory perception can contribute to communication among Neanderthals. Neanderthals did not have a language and used extrasensory perception as a form of group communication. Because of dominant extrasensory quantal perception, the Neanderthals did not have individual identity but only group identity. Cerebellar dominance results in creativity consequent to quantal perception and group perception. The neanderthalic traits contribute to innovation and creativity. Cerebellar dominance results in development of a symbolic language. The Neanderthals used dance and music as a form of communication. Painting as a form of communication was also common in Neanderthals. Neanderthal behaviour was robotic. Robotic behaviour is characteristic of cerebellar dominance. Robotic, symbolic and ritualistic behaviour is common with cerebellar dominance and is seen in

autistic traits. The cerebellar dominance in Neanderthals leads to intuitive intelligence and a hypnotic quality to communication. The increased extrasensory quantal perception leads to more communion with nature and a form of eco-spirituality. The increasing use of dance and music as a form of communication and eco-spirituality is common in the modern century along with increased incidence of autism. The cholesterol depletion leads to bile acid deficiency and generation of small social groups in Neanderthals. Bile acid binds to olfactory receptors and contributes to group identity. This can also contributes to the generation of autistic features in Neanderthals.

The Neanderthal population was predominantly autistic and schizophrenic. The modern population is a hybrid of homo sapiens and homo neanderthalis. This contributes to 10 to 20 per cent dominant hybrids who tend to have schizophrenic and autistic qualities and contributes to creativity of civilisation. The Neanderthals tend to be innovative and chaotic. They tend to be creative in art, literature, dance, spirituality and science. Eighty per cent of less dominant hybrids are stable and contribute to a stabilizing influence leading to growth of civilisation. The homo sapiens were stable and non-creative over a long period of their existence. There was a burst of creativity with generation of music, dance, painting, ornaments, the creation of concept of God and compassionate group behaviour around 10,000 years ago in the homo sapiens community. This correlated with the generation of Neanderthal hybrids when the Eurasian Neanderthal male mated with homo sapiens African females. The extrasensory/quantal perception due to dipolar porphyrins and digoxin induced sodium potassium ATPase inhibition and the generated pumped phonon system mediated quantal perception leads to the globalisation phenomena and feeling of the world being a global village. The archaeal cholesterol catabolism leads to increased synthesis of digoxin. Digoxin promotes tryptophan transport over tyrosine. Tyrosine deficiency leads to dopamine deficiency and morphine

deficiency. This leads to a morphine deficiency syndrome in Neanderthals. This contributes to addiction traits and creativity. The increased tryptophan levels produce increased alkaloids like LSD contributing to ecstasy and spirituality of Neanderthal population. Addictive, ADHD and autistic features are related to the morphine deficiency state. The ketogenic diet consumed by the meat eating Neanderthals leads on to increased generation of hydroxy butyric acid which produces ecstasy and a dissociative type of anaesthesia contributing to the Neanderthal psychology. The dopamine deficiency leads to decreased melanin synthesis and fairness of the population. This was responsible for the fair colour of the Neanderthals.

The Neanderthals were essentially meat eaters taking a ketogenic diet. The acetoacetic acid is converted to acetyl CoA which enters the TCA cycle. When the Neanderthal hybrids consume a glucogenic diet owing to the spread of settled civilisation it produces pyruvate accumulation owing to PDH suppression in Neanderthals. The increased archaeal growth activates the toll receptor and induces HIF alpha resulting in increased glycolysis, PDH suppression and mitochondrial dysfunction - the Warburg phenotype. The pyruvate enters the GABA shunt pathway producing glutamate, ammonia and porphyrins resulting in neuropathology of autism and schizophrenia. Neanderthals consuming a ketogenic diet produces more of GABA an inhibitory neurotransmitter resulting in the docile quiet nature of the Neanderthals. There is less production of glutamate the predominant excitatory neurotransmitter of the prefrontal cortex and consciousness pathways. This leads onto dominance of cerebellar function. The Neanderthal hybrids have cerebellar dominance and less of conscious behaviour. Cerebellum is responsible for intuitive, unconscious behaviour as well as creativity and spirituality. The cerebellum is the site of extrasensory perception, magical acts

and hypnosis. The predominant homo sapiens had prefrontal cortex dominance over the cerebellum resulting in more of conscious behaviour.

The Neanderthals consuming a glucogenic diet produces increased glycolysis in the setting of PDH inhibition. This produces the Warburg phenotype. There is increased lymphocytic glycolysis producing autoimmune diseases and immune activation. The increased levels of GAPD result in nuclear cell death and neurodegeneration. The predominance of glycolysis and suppression of mitochondrial function results in glycemia and metabolic syndrome x. The increased mitochondrial PT pore hexokinase leads to cell proliferation and oncogenesis. The glycolytic intermediate 3-phosphoglycerate is converted to glycine resulting in NMDA excitotoxicity contributing to schizophrenia and autism. Cerebellar dominance is reported in schizophrenia and autism.

The cerebellar hyperplasia results in sympathetic hyperactivity and parasympathetic neuropathy. This contributes to cell proliferation and oncogenesis. Vagal neuropathy results in immune activation and autoimmune disease. Vagal neuropathy and sympathetic overactivity can contribute to glycogenolysis and lipolysis resulting in metabolic syndrome x. Cerebellar dominance and cerebellar cognitive affective dysfunction can contribute to schizophrenia and autism. The increased porphyrin synthesis resulting from succinyl CoA generated by GABA shunt and glycine generated by glycolysis contributes to increased extrasensory perception important in schizophrenia and autism. Sympathetic overactivity and parasympathetic neuropathy can contribute to neurodegeneration.

The archaeal cholesterol catabolism generates digoxin which produces sodium potassium ATPase inhibition and increase in intracellular calcium and decrease in intracellular magnesium. The increase in intracellular calcium produces oncogene activation and NFKB activation resulting in malignancies

and autoimmune diseases. The increase in intracellular calcium opens the mitochondrial PT pore resulting in cell death and neurodegeneration. The increase in intracellular calcium can modulate the neurotransmitter release from presynaptic vesicles. This can modulate neurotransmission. Digoxin induced magnesium depletion can remove the magnesium block on the NMDA receptor resulting in NMDA excitotoxicity. Digoxin can modulate the glutamatergic thalamo-cortico-thalamic pathway and consciousness resulting in schizophrenia and autism. Digoxin induced magnesium depletion can inhibit reverse transcriptase activity and HERV generation modulating the dynamicity of the genome. Digoxin induced intracellular calcium accumulation and magnesium depletion can modulate G-protein and protein tyrosine kinase dependent neurotransmitter and endocrine receptors. This can produce digoxin induced neuro-immuno-endocrine integration. Digoxin functions as a Neanderthal master hormone.

The actinidic archaea are cholesterol catabolising and leads to low levels of testosterone and estrogen. This leads on to asexual features and low reproductive rates of the Neanderthal population. The Neanderthals consume a low fibre diet with low lignan content. The actinidic archaea has cholesterol catabolizing enzymes generating more of testosterone than estrogens. This contributes to estrogen deficiency and testosterone overactivity. The Neanderthal population are hypermales with concommitant right hemispheric dominance and cerebellar dominance. Testosterone suppresses left hemispheric function. The high testosterone levels in Neanderthals contribute to a bigger brain. The Neanderthals males as well as females had a higher level of testosterone contributing to gender equality and gender neutral states. There was group identity and group motherhood with no differences between roles of both males and females. This also resulted in matrilinearity. The higher testosterone levels in males as well as females led to alternate type of sexuality and aberrant

behaviour. Homo sapiens had higher reproductive rates and overtook the Neanderthal population resulting in its extinction. The homo sapien population was conservative with normal sexual mores, family values and patriarchal type of behaviour. The role of females the homo sapien community was inferior to males. The increasing generation of Neanderthal hybrids due to climate change mediated archaeal overgrowth leads to gender equality and equidominance of male and female in this century.

The cholesterol catabolism results in cholesterol depletion and bile acid deficiency. Bile acids bind to VDR and are immunomodulatory. Bile acid deficiency leads to immune activation and autoimmune disease. Bile acids bind to FXR, LXR and PXR modulating lipid and carbohydrate metabolism. This leads to metabolic syndrome x in the presence of bile acid deficiency. Bile acid uncouples oxidative phosphorylation and its deficiency leads to obesity of metabolic syndrome x. Bile acids bind to olfactory receptors and are important in group identity. Bile acid deficiency leads to formation of small social groups in Neanderthals and genesis of autism. Cholesterol depletion also leads to vitamin D deficiency. Vitamin D binds to VDR and produces immunomodulation. Vitamin D deficiency leads to immune activation and autoimmune diseases. Vitamin D deficiency can also produce rickets and contribute to the phenotypic features of Neanderthals. Vitamin D deficiency can contribute to brain development resulting in macrocephaly. Vitamin D deficiency contributes to insulin resistance and truncal obesity of Neanderthals. Vitamin D deficiency contributes to the fairness of the Neanderthal skin as a phenotypic adaptation. The Neanderthal phenotypic features are due to vitamin D deficiency and insulin resistance.

Thus global warming and increased endosymbiotic actinidic archaeal growth leads to cholesterol catabolism and generation of the Warburg phenotype

resulting in increased porphyrin synthesis, extrasensory low EMF perception, prefrontal cortex atrophy, insulin resistance and cerebellar dominance. This leads on to neanderthalisation of the body and brain.

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Chapter 7

Endosymbiotic Archaeal Generated RNA Viroids Can Regulate Cell Function and Contribute to Disease State - Role in Viral Speciation

Introduction

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] RNA viroids could contribute to the pathogenesis of schizophrenia, malignancy, metabolic syndrome x, autoimmune disease and neuronal degeneration.[2] The possibility of generation of RNA viroids by actinide based primitive organism like archaea with a mevalonate pathway and cholesterol catabolism was considered.[5-8] An actinide dependent shadow biosphere of archaea and viroids in the above mentioned disease states is described.[6] The role of RNA viroids generated by actinidic archaea in regulation of body functions and the pathogenesis of human disease is discussed.

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's 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 ℃ for 1 hour. The following estimations were carried out: - Cytochrome F420, free RNA and free DNA.[11-14] Cytochrome F420 was estimated flourimetrically (excitation wavelength 420 nm and emission wavelength 520 nm). The statistical analysis was done by ANOVA.

Results

The parameters checked as indicated above were:- cytochrome F420, free RNA and free DNA. 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 1-2 as percentage change in the parameters after 1 hour incubation as compared to the values at zero time.

Table 1. *Effect of rutile and antibiotics on cytochrome F420.*

Group	CYT F420 % (Increase with Rutile)		CYT F420 % (Decrease with Doxy+Cipro)	
	Mean	± SD	Mean	± SD
Normal	4.48	0.15	18.24	0.66
Schizo	23.24	2.01	58.72	7.08
Seizure	23.46	1.87	59.27	8.86
AD	23.12	2.00	56.90	6.94
MS	22.12	1.81	61.33	9.82
NHL	22.79	2.13	55.90	7.29
DM	22.59	1.86	57.05	8.45
AIDS	22.29	1.66	59.02	7.50
CJD	22.06	1.61	57.81	6.04
Autism	21.68	1.90	57.93	9.64
EMF	22.70	1.87	60.46	8.06
F value	306.749		130.054	
P value	< 0.001		< 0.001	

Table 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	

Discussion

There was increase in cytochrome F420 indicating archaeal growth. The archaea can synthesize and use cholesterol as a carbon and energy source.[15, 16] The archaeal 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, 18] The archaea can undergo magnetite and calcium carbonate mineralization and can exist as calcified nanoforms.[19]

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. The viroids are evolutionarily escaped archaeal group I introns which have retrotransposition and self splicing qualities.[20] Archaea induced immune activation and redox stress 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 non coding 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.[22] The integrated viroids and archaea can undergo vertical transmission and can exist as genomic parasites.[21, 22] This increases the length and alters the grammar of the noncoding region producing memes or memory of acquired characters.[23] The viroidal complementary DNA can function as jumping genes producing a dynamic genome important in storage of

synaptic information, HLA gene expression and developmental gene expression. The RNA viroids can regulate mRNA function by RNA interference.[20] The phenomena of RNA interference can modulate T cell and B cell function, insulin signaling lipid metabolism, cell growth and differentiation, apoptosis, neuronal transmission and euchromatin/heterochromatin expression.

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 archaeal, eukaryotic and human genes resulting in viral speciation.[24-26] The RNA viroids can also recombine with endogenous commensal RNA and DNA viruses producing speciation. 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 viral speciation.

The multicellular eukaryotes are like archaeal biofilms. The archaea with a mevalonate pathway uses the extracellular RNA viroids for quorum sensing and in the generation of symbiotic biofilm like structures which develop into multicellular eukaryotes.[27, 28] The endosymbiotic archaea and bacteria with mevalonate pathway still uses the RNA viroids for the regulation of muticellular eukaryote. Pollution is induced by the primitive nanoarchaea and mevalonate pathway bacteria synthesized 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.[29] 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.[30] 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.

The archaea and viroids can regulate the nervous system including the NMDA/GABA thalamo-cortico-thalamic pathway mediating conscious perception.[2, 31] NMDA/GABA receptors can be modulated by viroid induced RNA interference.[2] The dipolar viroids combined with actinides in the setting of digoxin induced sodium potassium ATPase inhibition can produce a pumped phonon system mediated Frohlich model superconducting state inducing quantal perception with nanoarchaeal sensed gravity producing the orchestrated reduction of the quantal possibilities to the macroscopic world.[2, 31] The viroids can regulate limbic lobe transmission by RNA viroid mediated RNA interference modulating norepinephrine, dopamine, serotonin and acetyl choline receptors.[18] The higher degree of integration of the archaea and viroids into the genome produces increased digoxin synthesis producing right hemispheric dominance and lesser degree producing left hemispheric dominance.[2] The viroid RNA interference mediated altered monoamine and NMDA transmission

contributes to the pathogenesis of schizophrenia and autism. Archaea and RNA viroid can bind the TLR receptor induce NFKB producing immune activation and cytokine TNF alpha secretion.[2, 32] The archaea and viroid induced chronic immune activation and generation of superantigens can lead on to autoimmune disease. Archaea and viroids can induce the host AKT PI3K, AMPK, HIF alpha and NFKB producing the Warburg metabolic phenotype.[33] The increased glycolytic hexokinase activity, decrease in blood ATP, leakage of cytochrome C, increase in serum pyruvate and decrease in acetyl CoA indicates the generation of the Warburg phenotype. There is induction of glycolysis, inhibition of PDH activity and mitochondrial dysfunction resulting in inefficient energetics and metabolic syndrome. The archaea and viroid generated cytokines can lead to TNF alpha induced insulin resistance and metabolic syndrome x. The accumulated pyruvate enters the GABA shunt pathway and is converted to citrate which is acted upon by citrate lyase and converted to acetyl CoA, used for cholesterol synthesis.[33] The pyruvate can be converted to glutamate and ammonia which is oxidised by archaea for energy needs. The increased cholesterol substrate leads to increased archaeal growth and digoxin synthesis leading to metabolic channeling to the mevalonate pathway.[34] The archaea and viroid induced monocyte activation and Warburg phenotype induced increased cholesterol synthesis leads to atherogenesis. Viroid induced RNA interference can modulate the mRNAs concerned with insulin receptor function and lipid metabolism contributing to metabolic syndrome x. The Warburg phenotype induced increased mitochondrial PT pore hexokinase can lead on to malignant transformation. Viroid induced RNA interference can modulate oncogenes producing malignant transformation. The viroid induced RNA interference can modulate the mRNA concerned with the death receptor pathway producing apoptosis and neuronal degeneration. The RNA viroids can recombine with HERV sequences and get encapsulated in microvesicles contributing to the

retroviral state. The prion protein conformation is modulated by RNA viroid binding producing prion disease.

Thus the actinidic archaea generated RNA viroids can regulate cell function and produce neuro-immuno-genetic-endocrine-metabolic integration. The RNA viroids and their complementary DNA can serve the purpose of viral speciation. The RNA viroids also contributes to the pathogenesis of schizophrenia, malignancy, metabolic syndrome x, autoimmune disease and neuronal degeneration.

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Endosymbiotic Archaea, Climate Change and Brain Change

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