

IF I CAN SEE

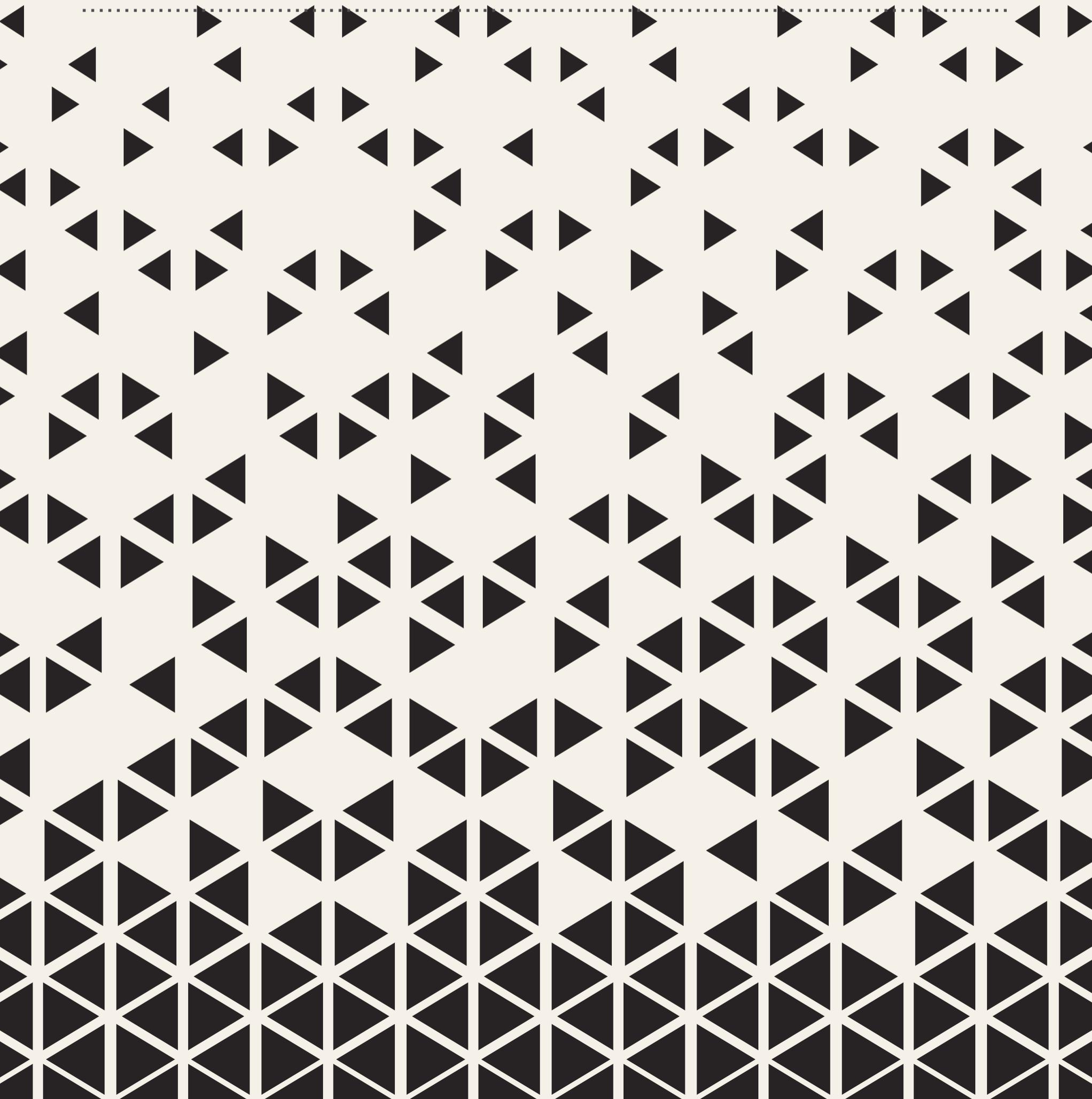


Table of Contents

Introduction	3
Eyesight	7
Genetics	10
Brain Model	15
Brain Disorders	25
Time	42
Health	63
Mindhacking	68
Medicine	73
Other Applications	86

INTRODUCTION

Join me on my ambitious quest to find my truest self, develop a working model of the human mind, and unravel some mysteries of the universe.

There is no reason for you to believe me, or read this book. I'm just another guy. But let me tell you this: I don't even want to write this book. But I know I need to. If you are easily offended, or if you have your mind made up on how the world works, do yourself a favor and put this book down. This book will offend you, make you question all sorts of things you thought were known, and help you base your opinion of the world on what is, not what appears to be.

Why write a book?

The world needs these ideas, all in the same place. How questioning everything led me eventually to see the major shortcomings of science, mainly as it pertains to health, medicine, and the brain.

What I learned before anything was what we don't know. The mysteries are so well hidden, that that don't even seem like mysteries anymore. The first mystery that I dove into was the human eye. I know what you're thinking: the eye is solved. But it's not that simple. We'll get into more of that later.

THE BASICS

Here's what you need to understand before you start reading. These premises give me the leeway to theorize about human consciousness from an entirely new perspective.

- We don't know how the brain works.
- We don't know how the eye works.
- We don't know how brain and eye work together.
- We don't understand the nature of mental illness.

In the next two chapters, I'll walk you through some of my proofs and show you how I came to these conclusions. The proofs are short and to the point, so feel free to skip around after you get the general concepts.

RULES

1. No topic is off limits.
2. I don't try to use fancy language to confuse you.
3. No in-text citations. Truth is, most of the ideas are not in the source text.

4. No ideas can contradict the Bible.
5. No ideas can contradict physics.
6. I cannot promise not to contradict existing science altogether, because I do. And for good reason.

DISCLAIMERS

1. I don't have all the answers.
2. Do not change or stop taking medications without the consent of a medical professional.

A BRIEF CRITIQUE OF SCIENCE

Science is a very useful tool that has lead us to some wonderful discoveries. Here's how it can lead us astray:

Just because the data collected in the experiment is as predicted, doesn't make the theory in question right. The scientific theory is simple and powerful, and it's been used correctly for thousands of years to help us discover some amazing things. But consider for a moment that the hypothesis is wrong, and the experiment verifies it. Other scientists check the logic by repeating the experiment, and if it checks out, it must be correct. Then the next guy comes along and expands on that theory with a new idea, and a new experiment to verify it.

Before long, there's so much information that could be a left turn from the truth. The craziest part of all of it, no one will ever believe me. Science is written as truth, [and in most fields it is] so anyone that questions it must be wrong.

The idea that all the science leading up to this point is right, makes it where we can't really have any more big discoveries. Spoiler alert: it's not.

Science fills in gaps with theories, without saying they're theories. "I don't know" are the most powerful three words for new developments. Speculation masked as fact just muddies the waters for new research.

Science is not clear on what is still a mystery. The unknowns in medicine would terrify you, so we pretend like the aren't unknowns.

So how did I come up with my theories? I looked at only data. I wasn't trying to prove anything. I didn't have any major background that made my theories fit with ten other ones. I was only looking for the truth. Not something that sounded good when your doctor said it.

How can I question science?

I have a background in hard science, so I know how it works. The science of vision is not hard science. [Psychiatry](#) is not hard science. [Genetics](#) is not hard science. That lead me to one more question: why? The answer to that is that we don't understand how the human brain works.

Really smart people can conduct really interesting studies and completely miss the point if they have the wrong assumptions, and it happens more often than you would think.

So why do I think I'm right? Because all I did was use the data already gathered in other studies, I just made the right assumptions, and things started to fall into place.

I don't ignore case studies that don't fit the model. I try to explain them. My theories are not bigger than the truth. I made a model to fit the facts, instead of cherry picking facts to fit a theory.

EYESIGHT

The eye is the lamp of the body. So, if your eye is healthy, your whole body will be full of light, but if your eye is bad, your whole body will be full of darkness. Matthew 6.22-23

IF I CAN SEE

I stumbled across Jake Steiner's Endmyopia.org, and got to reading and experimenting with my vision. I saw steady improvement, but nothing drastic. I then read William Bate's book from the 1920s about his studies and solutions to our everyday problems. This book changed my vision in a dramatic way, very quickly.

Dr. Bates proved with meticulous research that the eye itself does not actually "accommodate." He says that it's the muscles around the eyes that actually change the image and that you can retrain your eyes to work properly. He does emphasize mental strain and how the mind at rest sees.

So if Bates was right in any capacity, why do so many people wear glasses? Bate's theories were not readily accepted by the scientific community and largely dismissed. Just check out his [wikipedia page](#).

Using some of Jake Steiner's techniques, you can quickly prove to yourself that your vision varies drastically over the course of the day. Have you ever stopped to ask yourself why you have a single prescription? Ask your eye doctor if he has ever had anyone's vision improve? Is medicine not supposed to cure ailments over time? Because most people's eyes just get worse and worse over the course of their lives.

I know what you're thinking: eyesight is genetic. False. Take a look at sets of identical twins, one who wears glasses and the other who doesn't. How, if refraction errors are genetic, does that happen?

If everyone's eyes are fine, what does that say about our minds?

Over the past year, we've used this line of thinking to explore and develop new theories on [sleep](#), [Autism](#), [Alzheimer's](#), [aging](#), [Down Syndrome](#), [home field advantage](#), [pitchers](#), [metabolism](#), [HIV](#), [diabetes](#), [kidney disease](#), [Huntington's](#), [Parkinson's](#), [Tourette's](#), [global warming](#), and much, much more.

QUESTIONS FOR YOUR OPTOMETRIST

If you want to learn how little we know about the eyes, just ask your optometrist some of these questions. Please be careful because they do know a lot more than I do about the actual structure of the eyes, but what they don't know is they treat problems that are not eye related.

What do you think causes refractive errors?

Do you think your practice works? If so, then why do your patients get worse over time.

Do you think that there may be a correlation between eyesight and mental strain?

Do you believe that your eyesight varies throughout the day? If not, let's prove that.

If your eyesight varies throughout the day, why do you write a single prescription?

If your eyesight varies throughout the day, how can you correct the eyes with lasik?

Have you ever heard of any research related to the study of mental illness and how it affects vision?

Do you notice that most of your patients have other health problems other than just glasses?

Have you thought that maybe some of their other medications could be artificially or naturally changing their vision either permanently or temporarily?

Have you ever witnessed someone's vision improve? Is that not the goal of medicine? If glasses do not solve the problem, only exacerbate it, what do we prescribe them?

HOW TO SEE BETTER TODAY

Ok. So you've bought in. You realize that I'm at very least on to something and you want to know what's next. You want to see naturally or begin to improve your vision. You battle anxiety and can't seem to find other solutions.

If you don't mind a nice boring read, you should dive into Bate's book. [Here's a link.](#)

If you are looking for the Cliff Notes, I'll do my best here.

As far as I'm concerned, your eyes are just holes in your face. Yes, our eyes are different. But the important part about them is how the brain interprets the images that come its way. And your brain is fine. So the eye doctor can bend the light to change the refractive error in the eyes with unreal precision, but this is not the underlying problem. It's a symptom.

Your eyes only were made to focus at a single point. Glasses, cell phones, TVs, they all seem to require our eyes to look multiple places at the same time. Untrained eyes, without glasses, will strain to gather this information. Your eyes move 70 times per second, they are fully capable of gathering whatever information from whatever you're watching or doing. As you continue to watch or read, your eyes or focal points diverge and begin to cause myopia.

Your eyes were made to see the same way your ears hear. It is a passive sense. There is no strain and your brain will do it effortlessly without assistance. That strain or effort to see is the very thing that causes myopia. You cannot try to see. Next time you're in the car, try to memorize the first song that comes on. Like your life depends on it. Unless you're superhuman, the very fact that you're trying to listen to this song will make it impossible to remember. Relax.

Panning is what humans do. This one took some practice for me. I ditched my glass and focused on an individual point. I could see it fine, but I was used to the information from my whole field of view. Turns out, this was not the way we were built to see. Paint your peripheral with your eyes. It will relax them. Do not focus on any one point for too long, it will cause strain and blur.

Alright. These are your basics. It will take some practice. [Here's a great place to start.](#)

Just know that the whole eyesight problem has been solved for almost a century. Think critically and with an open mind. My only new ideas here are about how it ties into mental health, aging, athleticism, and some other things we'll get into later.

GENETICS

Your Genetics is not your destiny. -George M. Church

GENETICS DOESN'T EXPLAIN EVERYTHING

Nature vs. Nurture. The age old debate. In the past couple centuries, geneticists came around and proved that our DNA has a lot to do with how we end up. Here's my theory, we need to take it back a little bit. We control a lot more about our lives than you ever thought possible.

If we control our brains, and our brains control our vision, and our body, and how fast we age. Then we we play a huge role in our own development. I think it goes much deeper than that too. Think about all the mental disorders that aren't genetic. They don't just fall out of the sky. We need to stop forcing the genetic model on diseases when it doesn't fit. "Potentially recessive genetic predisposition" or "partial genetic component" should cue you in. Perhaps if they aren't pre-programmed into your being, then they are learned. Just because we don't know how they are learned, doesn't mean that they aren't.

Nurture.

I'm not saying that if you top out at 150 pounds you could be an NFL running back, but I'm not ruling it out. Don't let science get in the way of what you want to do. We have no clue how the brain works, so don't base your life around it.

RETHINKING DNA ACQUITTALS

Every year you hear about people that are freed from prison because of DNA evidence. So here's the question, if we know that DNA changes over time, is it possible that we are letting guilty people off the hook?

I'm not saying that we need to stop using DNA evidence. A match is still a match. But the person that's been on death row for 20 years, who already admitted to the crime, I would say let's hold on a second before letting him go. Unless you're letting him go based on the fact that he's changed so much in prison that the new individual is actually innocent. If your intent is to keep the guilty man locked up, you need to think critically about this test. We know about epigenetics, and your DNA definitely changes over time. So who is to say that your DNA now would match that of you 20 years ago?

This astronaut's DNA changed 7% while he was in space. The company that did the testing was quick to explain by saying that his DNA didn't change, just his gene expression. Which obviously begs the question, what is gene expression? I don't have a business model based on this being true, so I'm going to go ahead and call bullshit. Like it or not, your genes are changing.

We've already talked a bunch about [epigenetics](#). Science knows that the environment affects people, it just really can't explain why yet.

Here's your smoking gun: Identical twins with different DNA. Why is that a big deal? Because we know that they start with the same DNA. Otherwise, why would they call them identical? On a cellular level, they start from the same cell.

So, if identical twins don't have the same DNA, how could you expect me to have the same DNA as I did when I was 12. I don't.

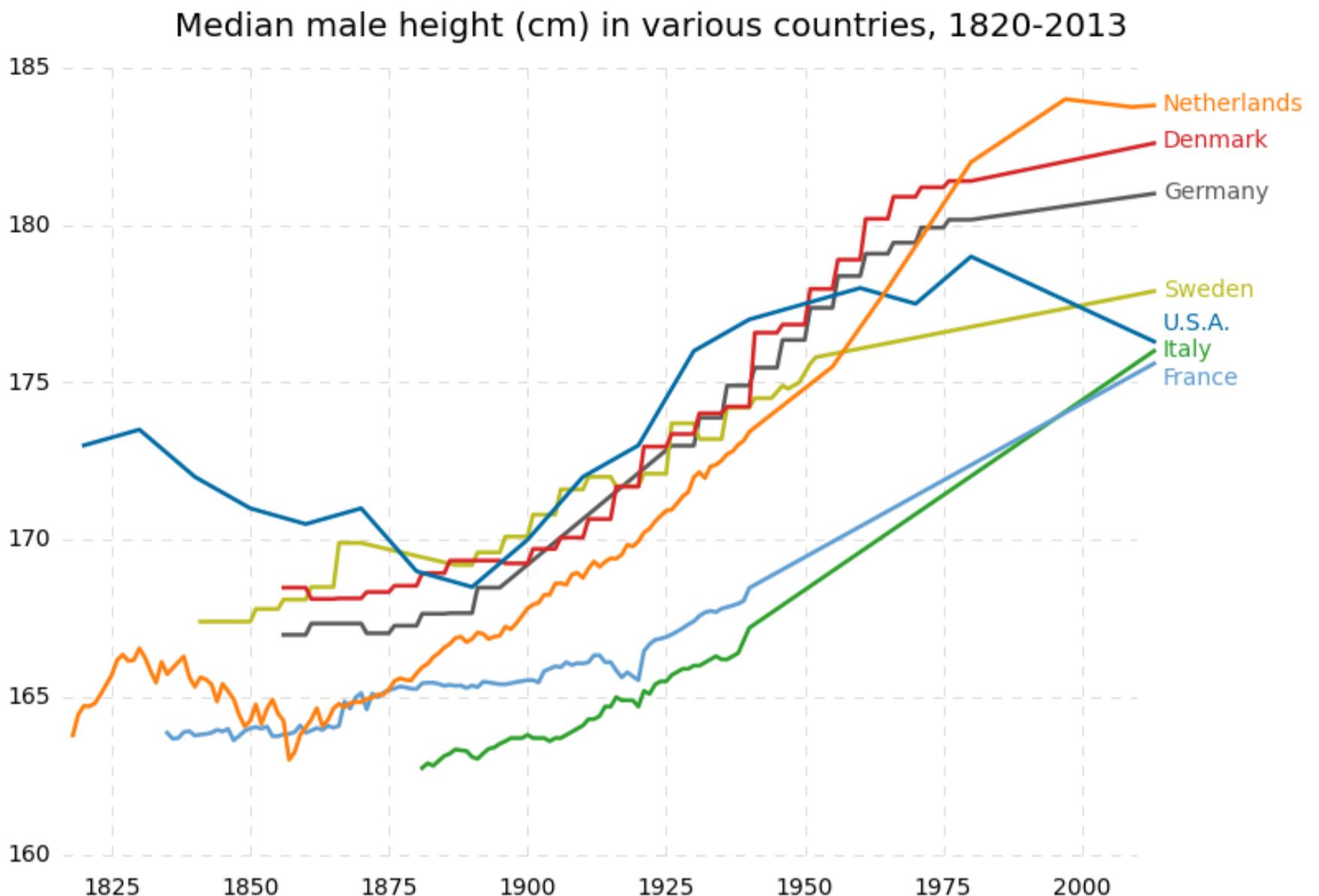
Logically following, the man that has been locked up for 20 years for a murder that he committed, likely changed a great deal in prison. So think twice before you set him free based solely on his new DNA test.

Sources:

1. <http://www.forensicsciencesimplified.org/dna/how.html>
2. <https://mashable.com/2018/03/15/scott-kelly-dna-changed-nasa-year-space/#wUoe1Wrlpgqw>
3. <https://www.nasa.gov/feature/nasa-twins-study-investigators-to-release-integrated-paper-in-2018>
4. <https://clinicaltrials.gov/ct2/show/NCT00496613>
5. <https://www.l2law.com/blog/2017/03/4-ways-paternity-test-results-can-be-wrong.shtml>
6. <https://abcnews.go.com/Primetime/shes-twin/story?id=2315693>

7. <https://www.nature.com/scitable/topicpage/dna-is-constantly-changing-through-the-process-6524898>

HEIGHT IS NOT GENETIC



Sources: dx.doi.org/10.6084/m9.figshare.1066523 | Author: Randy Olson (randalolson.com / [@randal_olson](https://twitter.com/randal_olson))

Height is a confusing trait genetically. ... The study identifies three or four regions in our DNA that may be important for height. But it doesn't find any specific gene or DNA change responsible for men being taller than women. Or any gene to explain why height can run in families.

Let's take a quick second and explore some strange facts about height.

- Americans reached their max height in 1996.
- Astronauts can be as much as two inches taller in space.
- **Identical twins can be different heights.** It's not typically a wide margin, but it's not uncommon to have a difference. So there are environmental factors at play here. How do they work?
- **You shrink throughout the day.** In the same way you shrink throughout your life. In the same way you grow at the international space station. You know what else fluctuates throughout the day in the same manner? Your vision.
- People lose up to three inches in adulthood.

- Average height of neandrathrals is essentially the same as modern man.

What if any conclusions can we draw from these?

- Height is not entirely genetic.
- The same mechanism that ages the body also shrinks your height.
- This mechanism also shrinks you throughout the day.

The only difference between you growing an inch and six inches is time. But time doesn't exist in the brain. It exists on your body. So the longer your perception of time during these growth periods [the happier you are] the taller you will be.

That's absurd.

So we control the time. We control the rate of growth. Your final height at least in part depends on how peaceful you are during your growth spurts.

Sources:

1. <https://uamshealth.com/healthlibrary2/medicalmyths/dopeopleshrinkastheyage/>
2. <http://www.berkeleywellness.com/self-care/preventive-care/article/why-you-shrink-you-age>
3. <https://www.quora.com/How-much-does-the-body-shrink-in-height-throughout-the-day-Does-having-a-strong-core-reduce-or-eliminate-that-shrinkage>
4. <https://www.menshealth.com/health/a19547705/do-tall-guys-die-younger/>
5. https://www.huffingtonpost.com/entry/7-ways-height-affects-your-health_us_5783ad23e4b0344d51500c3d
6. <https://www.scientificamerican.com/article/how-much-of-human-height/>
7. https://genetics.thetech.org/original_news/news60
8. <https://www.pbs.org/newshour/nation/the-shocking>
9. <https://www.quora.com/How-can-you-increase-your-height/answers/15127039>
10. http://www.slate.com/articles/health_and_science/science/2013/07/height_and_longevity_the_research_is_clear_being_tall_is_hazardous_to_your.html
11. https://www.huffingtonpost.com/entry/20-incredible-facts-about-the-philippines_us_58a80363e4b026a89a7a2b80
12. <https://www.quora.com/Can-identical-twins-have-a-big-difference-in-height>
13. https://www.unicef.org/philippines/health_nutrition.html
14. <https://www.oxfam.org.uk/what-we-do/good-enough-to-eat>
15. <https://traditionally.wordpress.com/2012/10/13/the-dutch-diet-and-lifestyle/>
16. <https://www.zmescience.com/medicine/nutrition-medicine/bosnian-men-height-14042017/>
17. <https://www.cnn.com/2016/07/26/health/human-height-changes-century/index.html>
18. <https://www.nytimes.com/2016/07/26/health/average-height-peaked.html>

BRAIN MODEL

Everything we do, every thought we've ever had, is produced by the human brain. But exactly how it operates remains one of the biggest unsolved mysteries, and it seems the more we probe its secrets, the more surprises we find. -Neil deGrasse Tyson

So far here's what we have. If you only read one thing I write, let this be it. Do not take my word for it. Think critically and with an open mind.

- You were given a perfectly functional brain.
- Your eyes are completely capable of seeing.
- [Aging](#) starts in the mind.
- Your brain can be reprogrammed.
- There is only one [brain disease](#).
- You are completely capable of restful [sleep](#).
- We can prove [Intelligent Design](#) without any math or complicated science.
- [Genetics](#) doesn't explain everything.
- There is a mental ground state where you see your best, perform your best, and sleep your best.
- The brain follows an entropy model.
- Your brain is capable of forming new memories, and recalling old ones.
- The brain is a logic engine, with no time component.

AGING STARTS IN THE MIND

I'm not a neurologist. I'm not even a doctor.

So how did I draw this conclusion? Really a bunch of pseudo-science that you won't believe anyways. Just bare with me. Your eyes are perfect, and thus your brain is perfect. You are separate from your mind. The functionality of your brain does not change. It remains the same fully capable, complex computer. You do. You're ability to control your mind may slip, but it is still just fine.

So what is aging? It really doesn't exist. [Because time doesn't exist](#). You today is the same as you yesterday, and is the same you in two weeks, and two years, and so on. So when did you get old? When you changed your mind. When you began to stop being you and fight the forces keeping you sane. This resistance and stress caused refractive error that changed the whole nature of your being [[more here](#)].

Is it reversible? Yes. I mean, I'm not promising that 70-year old could compete in the Olympics, but we can retake our minds at any point. I think of it like a computer virus. We get trapped in these infinite loops, cycles of misery, but there are ways out. The eyes were my way out. I truly think of the Matrix every time I go down this string of thoughts. [Hey, other people with credentials think the same things](#).

So how do you debug your mind? First, you have to identify your loop, the mindless cycle that is killing you. The list of possibilities here would take an entire article in itself. But there is something that you probably do every day that hinders your ability to control your mind. Don't be a creature of habit, unless that's what you want to be. You set the rules here, not your body. Not your programming. You decide which thoughts to act on, and which ones to let pass. You filter out what's completely insane from what's socially acceptable before you say or do anything.

Then you exit the loop. I say that like it's simple. It's not. But your habits are breakable. Your mind can be reset. This is your world. You make the rules. [[For help exiting the loop, read this.](#)]

Don't let this world rule you. Take your mind back. Reboot.

PROVING INTELLIGENT DESIGN

I'm sure this has been done before, but it's my turn.

So...you've accepted the fact that [William Bates](#), [Jake Steiner](#), or whoever else was on to something. You believe me that your vision is fine, or maybe you've looked into it and already started working on your own vision. Regardless, if you don't accept that premise, stop here. [Start with [Don't Read this Post First](#) or [How to see better today](#)]

If you can accept it for a moment, even hypothetically, please continue. So if everyone's vision is fine, but everyone's eyes are really just holes in their face, what does that mean? It means that all of our brains are fine. More than fine. They are perfect.

When you notice that your mind at rest sees, and feel it for yourself, you will start to understand what I'm talking about. So if your mind is perfect, and it sees best when you are relaxed and happy, you were designed to be happy. It is your ground state. This is not a huge leap of logic. We know in physics that nature loves the path of least resistance. Well the path of least resistance for you is happiness and peace. Sight is really just a symptom, but I harp on it because it is the key to it all. It unravels the secrets of the universe.

Next: If you were designed to see and to be at peace and happy, there must have been a Designer. We were all given the same chance. The same hardware. It's our choice what to do with it.

We create all of our own misery. You were perfectly programmed to be perfectly happy. Just think about your childhood. What's happened to you in between then and now is your doing. You're the only one that can set the clock back. You're the only one to blame. Not the circumstances. Not the environment. Take your life back. Take back your mind. Use what was given to you and do what you were designed to do: be happy.

Rethinking Sleep

Disclaimer: this gets complicated. Sit down and put your thinking cap on.

We all sleep. Well all of us except that [one guy from Vietnam](#). But we really don't know a whole lot about it. There's actually a bunch of data out there, but we can't tie it all together. Here it goes.

Animals in the wild live longer, and sleep less. Well they definitely sleep less. The numbers aren't super clear on the longevity. And rightfully so. There are predators in the wild. Draw your own conclusions. Here are mine: the captivity produces the same strain that harms and ages humans. The same strain that were trying to avoid to think our best, see our best, and be our best.

[Black people don't sleep as much](#). So in this article, and actually going back to slavery, we basically just assume that this is a bad thing. "Generally, people are thought to spend 20 percent of their night in slow-wave sleep, and the study's white participants hit this mark. Black participants, however, spent only about 15 percent of the night in slow-wave sleep." Just assume that it's as bad thing, when we don't even know what sleep is. Turns out, it's not. In a [previous post](#), I talk about black people seeing better and not drinking coffee, and how that could give them a leg up in athletic events. **What I'm saying here though, is that less sleep is not necessarily a bad thing.** Quantity doesn't matter here, it's quality.

We do know this: Other things that effect sleep: blood sugar, anxiety, depression, stress. [Does that list look familiar?](#)

That really is not the whole story though. There are brain waves during sleep, and there are different brain waves through each cycle of sleep. The slowest brain wave cycle is delta waves. It's the recovery wave, and the wave of dreamless, meditative sleep. Some people [like Zen masters] have learned how to consciously get to this state. For the sake of this article, there are delta waves and non-delta waves, or meditative and non-meditative.

If you're curious, here's why this simplification is possible. Some people say there are four types of brain waves, some people have three, etc. What distinguishes one from the other is the frequency, or basically the speed of the wave. If you looked at your brain like a heart, you'd just see "brain beats." We don't call slow and fast heart beats anything different. I don't know how this became the standard unit in brain measurement. It cycles through these waves at different amplitudes. So if we assume all the amplitudes are the same, all we care about is frequency. When we look at frequency, the delta wave is the absolute zero, or as close as we can get while we're alive.

Moving on.

Delta waves are all that really matter. When your brain is beating it's slowest. Here's the deal though, when you're awake, you don't actually get to the supposed delta state, but just like your heart rate [generally speaking] slower is better.

Lack of REM sleep can alleviate clinical depression. So wait, REM sleep is good for us, but a lack of it helps people with depression? Coming back to this question. The meditative sleep is the most important. REM sleep, I'm sure has it's own purpose, but delta waves what we're looking for.

The amount of time you spend in each stage also depends on your age. Wait, we know that our mind strain increases as we age. I think we're finally getting somewhere. Elderly adults typically have relatively short periods of slow-wave sleep and fewer of them. In other words, sleep is lighter and more fragmented with brief arousals or longer awakenings throughout the night [[article](#)]. Given what we know, late childhood may well be the "golden age" of sleep during a lifetime. Beyond the age of 11 or 12, sleep disturbances begin to creep in. In fact, nearly 7 out of every 10 adults experience problems that affect sleep quality. [[source](#)] You know what else we say depends on age? Vision.

from [Wikipedia](#):

Women have been shown to have more delta wave activity, and this is true across most mammal species. This discrepancy does not become apparent until early adulthood (in the 30's or 40's, in humans), with men showing greater age-related reductions in delta wave activity than women.

We have more delta wave activity as newborns than any other time in our lives.

Alcoholism has been shown to produce sleep with less slow wave sleep and less delta power, while increasing stage 1 and REM incidence in both men and women. In long-term alcohol abuse, the influences of alcohol on sleep architecture and reductions in delta activity have been shown to persist even after long periods of abstinence.

Other disorders frequently associated with disrupted delta-wave activity include: Narcolepsy, depression, anxiety, OCD, ADHD, and juvenile chronic arthritis.

Delta waves are key to fully understanding the brain. Unless you decide to take the non-traditional approach: the eyes.

Good sleep is a symptom. Not of a disease or anything negative. Good sleep is an indicator that you're doing something right. There's an extensive list of reasons you may be sleeping poorly. [I think there is only one](#). But let's be clear and not put a number of recommended hours for sleep. If you wake up and you feel rested, you did it right.

You can't control your sleep. Well, at least not directly. Control what you can. But make the right assumptions: you still have the ability to sleep just like you did when you were fifteen.

Here's what's important: you were designed to sleep perfectly. Just like you were designed to see perfectly. The further you are from your ground state, the more restorative sleep you'll need every night to recover. If you can fix your vision and your mind, you will fix your sleep, and [probably slow down the aging process](#).

Brain Entropy

So [here's an article](#) about the entropy in the brain and how it increases with age. This fits my model of aging, "brainbeats", and personal time perception. There are mixed studies on whether more or less entropy in the brain is better. But we already know the answer to that.

- Less entropy the better.
- Caffeine creates brain entropy. *And so do a [bunch of other things](#).*
- Stress is entropy.
- Entropy alters personal relativity. May want to check out this [article](#) on that.

Entropy always increases in a closed system, but we are not closed systems. It's the [second law of thermodynamics](#).

So, let's assume the brain is a cylinder filled with gas. It should adhere to the following equation: $PV=nRT$, where P is pressure, V is volume, and T is temperature. n and R are constants the won't apply since this calculation is more a correlation. We haven't figured out those constants for the brain yet.

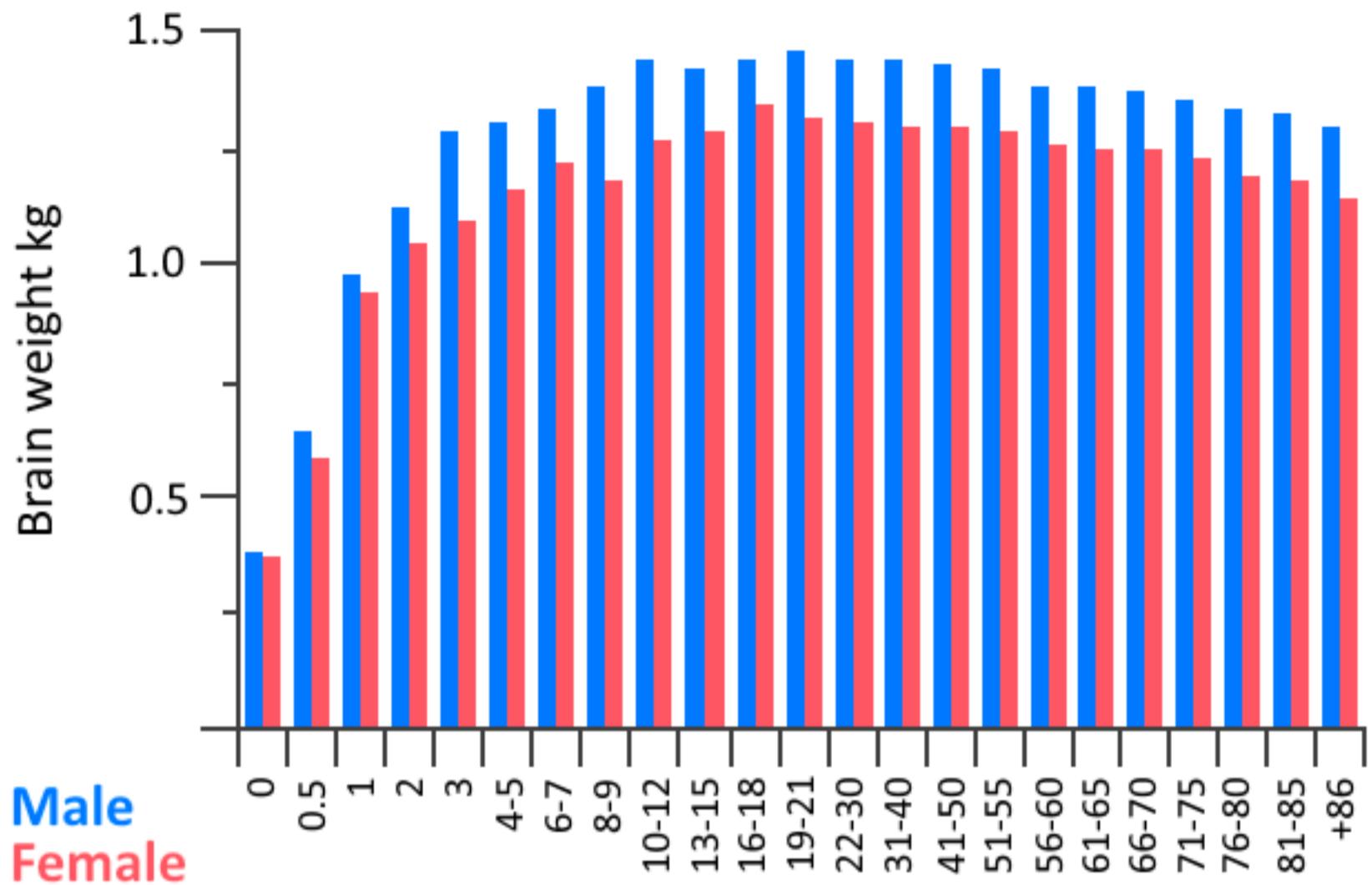
As the temperature rises, the entropy rises. And either pressure or volume rises. So, in the closed system of your body, entropy always increases. But, if we allow your brain to expand, we can decrease the pressure and temperature.

So our brains shrink over time. And if they shrink, the pressure of our ideal gas, and temperature will rise accordingly. Entropy rises. But we know that all of this is just further from our ground state, where we sleep, recover, and learn best. Our perceptions of time will shorten, and hasten our aging process.

What is associated with elevated brain pressure?

One of the most damaging aspects of brain trauma and other conditions, directly correlated with poor outcome, is an elevated intracranial pressure. ICP is very likely to cause severe harm if it rises too high. Very high intracranial pressures are usually fatal if prolonged, but children can tolerate higher pressures for longer periods. An increase in pressure, most commonly due to head injury leading to intracranial hematoma or cerebral edema, can crush brain tissue, shift brain structures, contribute to hydrocephalus, cause brain herniation, and restrict blood supply to the brain. It is a cause of reflex bradycardia. [\[Source\]](#)

Can our brains grow? Yes. That should not surprise you. As the volume increases, brain pressure in the model would go down. But later in life, they start shrinking, and so do we. They grow until you start trying to lose weight. They go until you start aging. They grow until you throw in the towel. Here's a chart of brain weight over time. See for yourself. The decrease in brain weight corresponds with aging.



What, if anything are the takeaways here? The brain follows the second law of thermodynamics. Entropy causes aging.

Sources

1. <https://faculty.washington.edu/chudler/dev.html>
2. <https://www.nature.com/articles/s41598-018-21008-6>
3. <https://www.nature.com/articles/srep02853>
4. <https://www.google.com/amp/s/www.newscientist.com/article/mg21128311-800-a-brief-history-of-the-brain/amp/>
5. <http://healthland.time.com/2011/08/03/study-4-factors-that-may-shrink-your-brain/>

How's your memory?

[There's a correlation between vision and cognitive function in the elderly.](#) Here's a study that compares vision to cognitive function in the elderly. Think about how this applies to Alzheimer's. **Refractive errors cloud memories.**

If we improve eyesight, does memory improve as well? My memory is getting better with my vision. I can tell you that. Although I have know way of quantifying it at this point. So just count me in for another theory. Think about it though: if the brain is really just a perfect computer, and eyesight is a symptom of mental strain, would it be so unreasonable to suggested that it effected our memory recall as well?

[Emotional intensity can help prioritize memories.](#) Think about that bad break up or the funeral of a loved one. Think about where you were during the 911 attacks. Some events can be "buried" in your memory just the same.

Clarity of memories does not depend on the time since the event was experienced. Think about your clearest memories. It's not just yesterday. There's also that time when you were twenty-one, and your birthday...way back when.

What is the nature of memory? If there is no such thing as time, how does memory work? We can recall large amounts of information from all over our lives with relative ease. What's the difference between long-term and short-term memory? Can you have one and not the other?

Short term memory is really just recall after 15-30 seconds. Long term memory is really what we call memory. Here's another big simplification: there's no short term memory. If we're ignoring time [and I am] then they are the same anyways.

[False confessions have figured into 24% of the 289 cases overturned by DNA evidence.](#) We know that memory is infamously unreliable in court cases. Witnesses just don't always seem to get it right. False confessions may have other variables at play, but memory plays a role. If you clearly remember not committing a crime, why would you ever confess to doing it? This article says that people who are mentally ill are more susceptible to these false confessions.

[Not all memory fades with age.](#) This article basically says that there are different types of memory, and older people still have access to some of them. For instance, they can remember a name and a not a face or vice versa. I'd like to challenge this approach with the theory that memory is absolute. Recalling all you know about a given event or person would be your baseline. *Anything less than that would be distortion.*

So what are my takeaways here? Your memory can be improved, just like [your eyesight](#). We know now why the elderly have problems seeing, and it effects their memory as well. So take back your sight, and take back your mind, and take back your memory.

Forgetting Amnesia

According to Wikipedia, there are two types anterograde and retrograde amnesia, and many different sub types. Basically you either can't make new memories, or you can't remember a particular event or series of events.

Based on our theoretical [brain model](#), every human is capable of making new memories at any time, so what is stopping some people?

For starters, what are the main causes of memory loss?

1. Sleep Apnea
2. Stroke
3. Medications
4. Nutritional Deficiency
5. Stress, Anxiety, Depression

Less Common Causes

1. Head Trauma
2. Infection
3. Tumors
4. Substance abuse

Can we neatly tie all of these together? Yes. Each of these is either a cause or a symptom of brain entropy. Mental strain. If that sounds ridiculous to you, you have a lot of reading to do. *I haven't even written my posts about strokes and sleep apnea, but I'll link them back when I finish them.*

So if you are out of your ground state, your memory is worse. Not only your recall of past events but also your process of making new memories.

Think about it, in retrograde amnesia, the subject was in a very stressful situation for a period of time, but now their brain works fine. In anterograde amnesia, the same mental stress is currently acting on the subject preventing them from accumulating new memories. So the only question is: **is the stress gone yet?**

To those suffering memory loss, what did you have for breakfast yesterday? What did you do in the past five minutes? Hone in on the gaps in your memory and see if you can identify the stresses that are causing them at any given point.

Sources

1. <https://www.everydayhealth.com/news/5-surprising-causes-memory-loss/>
2. <https://en.wikipedia.org/wiki/Amnesia>

BRAIN DISORDERS

The dirty little secret of both clinical psychology and biological psychiatry is that they have completely given up on the notion of cure.
-Martin Seligman

There Is Only One Brain Disease

Alternate title: The Brain is Binary: It's either working or it's not

Here are the symptoms:

- depression
- obsessive compulsive behavior
- fear
- loss of eyesight
- tiredness [poor sleep]
- aging
- anxiety

Mood

- apathy
- general discontent
- guilt
- hopelessness
- loss of interest
- mood swings
- sadness

Sleep

- early awakening
- excess sleepiness
- insomnia
- restless sleep

Whole body

- excessive hunger
- fatigue
- loss of appetite
- restlessness

Behavioral

- agitation
- excessive crying
- irritability
- social isolation

Cognitive

- lack of concentration
- slowness in activity
- thoughts of suicide

Weight

- weight gain
- weight loss

Treatment:

- Caffeine
- Glasses
- SSRIS
- Stimulants
- Illicit Drugs
- Alcohol

Each of these loses their effect over time in the same manner. As the mind develops resistances or weaknesses, depending on how you look at it, it becomes dependent on these drugs [and devices] as their strengths need to gradually increase as the patient's mind weakens.

Cure:

No known cures at this point. The disease typically progresses as the subject ages. The mind and the body begin to break down. The subject eventually dies of "natural causes."

So how can I possibly lump all this together? We were all given the most perfect and complex machines to run our bodies, and some of us need to re-calibrate, or even need to relearn how to use them. Our computers catch these loops, and latch on to our treatments, and we can start downward spirals that end up killing us, sooner or later.

Remember: You were made for happiness. Your mind is a perfect tool that you need to relearn how to use. Reprogram your brain and change your mind.

Huntington's Is Not Genetic

Even doctors admit that it's hard to distinguish between Huntington's, Parkinson's, and Alzheimer's. [Here's an article](#) saying that treatment for one of these diseases may work for the other two.

Some researchers and physicians consider the differentiation between cortical and sub-cortical dementia important for patient diagnosis, but others remain skeptical that a significant difference exists. The major criticism of the studies that show variation between cortical and sub-cortical dementias is that there is pathological overlap between the sample groups that are used to model the two categories. These studies often assume that Alzheimer's patients mostly have cortical dementia and HD or Parkinson's patients preferentially exhibit subcortical dementia. Necropsies have shown, however, that the brains of both Alzheimer's and HD patients exhibit a certain degree of both categories of dementia.

If in fact both cortical and subcortical dementia occur in Alzheimer's, HD, and Parkinson's patients, then these studies may be problematic. As a result, physicians are still trying to learn more about the differences between the pathologies of the diseases in hopes of finding a more reliable way of differentiating dementias. The ability to differentiate dementias may lead researchers and physicians to better diagnose and treat neurodegenerative diseases. [\[Source\]](#)

We're going to go through the symptoms, but if you've been reading, you know how this goes.

So first, here are the symptoms:

Cognitive: amnesia, delusion, lack of concentration, memory loss, mental confusion, slowness in activity, or difficulty thinking and understanding

Muscular: abnormality walking, increased muscle activity, involuntary movements, problems with coordination, loss of muscle, or muscle spasms

Behavioral: compulsive behavior, fidgeting, irritability, or lack of restraint

Psychological: delirium, depression, hallucination, or paranoia

Mood: anxiety, apathy, or mood swings

Also common: tremor, weight loss, or impaired voice

Those look familiar. Are there any symptoms that aren't covered between Alzheimer's, Parkinson's, and schizophrenia?

"For most diseases, symptoms will vary from person to person. People with the same disease may not have all the symptoms listed." *Wait...what? I thought the symptoms were the only things separating this from the other diseases?*

And is it really genetic? It's complicated, but the consensus is yes. Even though 10% of cases are "due to a new mutation." But what about that field of epigenetics that basically says that [your genes can change over time](#)? Here's the unabridged version.

HD is typically inherited from a person's parents, although up to 10% of cases are due to a new mutation. The disease is caused by an autosomal dominant mutation in either of an individual's two copies of a gene called *Huntingtin*. This means a child of an affected person typically has a 50% chance of inheriting the disease. The *Huntingtin* gene provides the genetic information for a protein that is also called "huntingtin". Expansion of CAG (cytosine-adenine-guanine) triplet repeats in the gene coding for the Huntingtin protein results in an abnormal protein, which gradually damages cells in the brain, through mechanisms that are not fully understood. Diagnosis is by genetic testing, which can be carried out at any time, regardless of whether or not symptoms are present. This fact raises several ethical debates: the age at which an individual is considered mature enough to choose testing; whether parents have the right to have their children tested; and managing confidentiality and disclosure of test results.

This segment is made up of a series of three DNA building blocks (cytosine, adenine, and guanine) that appear multiple times in a row. Normally, the CAG segment is repeated 10 to 35 times within the gene. In people with Huntington disease, the CAG segment is repeated 36 to more than 120 times. People with 36 to 39 CAG repeats may or may not develop the signs and symptoms of Huntington disease, while people with 40 or more repeats almost always develop the disorder.

So if you have 27-39 repeats of this code you may or may not get the disease. But if you have 40 or more repeats, you almost always get the disorder. Wait...almost always? So you're saying even the hard science isn't foolproof.

The number of CAG repeats in an HD gene can be unstable when the gene is passed on to the next generation. That means the number of CAG repeats can increase or decrease when the gene is passed from parent to child. Wait, it varies from generation to generation? In the sole aspect that we're using to call it genetic?

Older fathers are more likely to pass along the extended copy of this gene. We've talked about aging parents several times before. We know that the age of mothers closely correlates to [Down Syndrome](#), while the age of fathers closely correlates to [Dwarfism](#).

I have a question for you. How often do we test people with dementia for this CAG repeat? I'm guessing there is not much reason to test for Huntington's when there is no family history.

So in summary, here's why I don't think Huntington's disease is genetic:

- 10% of cases are "random" mutations
- Even the hard science is not absolute
- It gets more probable with aging dad's
- Epigenetics. Our genes change over time.

So if it is not genetic, then it is practically indistinguishable from Alzheimers and Parkinson's.

Did science get it wrong? Maybe so. I think that a bunch of guys spent their lives studying batches of symptoms, it was the least we could do to name these batches of symptoms after them. All the other fields of science do it. Here's the problem, the more classifications did not lead to more knowledge in this case. Because the symptoms are indistinguishable.

Sources:

1. <https://rarediseases.info.nih.gov/diseases/6677/huntington-disease>
2. <https://en.hdbuzz.net/027>
3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3140172/>
4. <https://www.alz.org/dementia/huntingtons-disease-symptoms.asp>
5. <http://hdsa.org/what-is-hd/>
6. <https://www.mayoclinic.org/diseases-conditions/huntingtons-disease/diagnosis-treatment/drc-20356122>

Alzheimer's and Parkinson's

I know that these are very serious conditions, and I mean no disrespect to anyone who's either battling these or other neurological diseases, or their families or friends. What's important here though is to look at these diseases from a broader perspective, and perhaps see things from a different point of view. I only want to help.

Yeah. I lumped them together. Why? Keep reading.

Here's what we know:

- Old people get it
- There are no cures
- They seem to lose their minds
- They do not sleep well
- Diet and Exercise may help
- Early life Depression has a strong correlation
- A bunch of fun medical terms I choose to ignore.
- They are not genetic.

Hypothesis, it's either us prolonging the life of someone who is essentially brain dead, or they have fried their brain on a system that we've discussed previously. They have so many brain problems treated by medications with so many side effects, vision problems, that this one is going to be hard to parse through. What I'm starting to think now is that we have a fancy name for a lot of different diseases, but what sets this apart from dementia?

In reading about both of these diseases, they have several progressive stages of each disease. Worth noting, is that medicine and research have no absolute timeline in either disease. "[Some cases progress from stage one to two in months, and some take years.](#)" "[Each person experiences these stages differently.](#)" What this means to me is that we have no idea about either one of these diseases, we only treat symptoms.

The premise is easy though: our minds are perfect, because our eyes are perfect. We create our own misery.

So if this is true, and we know what causes aging and how to prevent it, what does it matter what different flavors we have of losing your mind. We so many different neurological diseases, perhaps a broader view grouping symptoms and diseases together will help us gain some ground. I read somewhere that some of these diseases are practically indistinguishable. Maybe it's a mixture of meds on a mind weaker with age and refractive error. If we can reverse refractive error, we can save the mind from itself and help it find its preferred resting place: peace.

So guess what: we're never going to find a "cure" for these illnesses. The only true solution lies within.

Source: <http://theconversation.com/what-causes-alzheimers-disease-what-we-know-dont-know-and-suspect-75847>

Alzheimer's is Curable

Let's start somewhere else. With a disease that we've made some progress on: schizophrenia.

Here are your symptoms:

Behavioral: social isolation, disorganized behavior, aggression, agitation, compulsive behavior, excitability, hostility, repetitive movements, self-harm, or lack of restraint

Cognitive: thought disorder, delusion, amnesia, belief that an ordinary event has special and personal meaning, belief that thoughts aren't one's own, disorientation, memory loss, mental confusion, slowness in activity, or false belief of superiority

Mood: anger, anxiety, apathy, feeling detached from self, general discontent, loss of interest or pleasure in activities, elevated mood, or inappropriate emotional response

Psychological: hallucination, paranoia, hearing voices, depression, fear, persecutory delusion, or religious delusion

Speech: circumstantial speech, incoherent speech, rapid and frenzied speaking, or speech disorder

Also common: fatigue, impaired motor coordination, or lack of emotional response

Onset Age: 12-40 [[source](#)]

Treatment: Antipsychotics. They seem to help alleviate symptoms, both positive and negative.

Wow. I thought I was reading an article about Alzheimer's. You are. Bear with me.

Alzheimer's symptoms:

Behavioral: aggression, agitation, difficulty with self care, irritability, meaningless repetition of own words, personality changes, restlessness, lack of restraint, or wandering and getting lost

Cognitive: mental decline, difficulty thinking and understanding, confusion in the evening hours, delusion, disorientation, forgetfulness, making things up, mental confusion, difficulty concentrating, inability to create new memories, inability to do simple math, or inability to recognize common things

Mood: anger, apathy, general discontent, loneliness, or mood swings

Psychological: depression, hallucination, or paranoia

Also common: inability to combine muscle movements, jumbled speech, or loss of appetite

Onset Age: 41+

Treatment: Cholinesterase inhibitors and Memantine. The inhibitors slow the process that breaks down a key neurotransmitter. Memantine regulates the neurotransmitter responsible for learning and memory.

The main difference in this [article](#) is memory loss. That's the main symptom difference that we can't explain between schizophrenia and Alzheimer's. You know what else changes in those onset ages? The subjects ages. And while I have my own theories for [why](#), I think it's safe to say that people start losing their memory as they get older. These diseases affect the same areas of the brain.

Here are some results from an [exhaustive study](#) comparing symptoms of Elderly Schizophrenics [ED] to those with Alzheimer's in the amnesiac mild cognitive impairment stage [AD-aMCI]. Take a look at the data here, and read the entire study if you dare. The point is these numbers are practically indistinguishable.

Test/subtest	ES group	AD-aMCI group	p value
<i>WMS-R</i>			
GM index	80.0 ± 16.2	77.8 ± 10.5	0.58
AC index	91.0 ± 14.7	98.6 ± 11.7	0.046
DR index	76.3 ± 17.2	58.8 ± 8.6	<0.001
GM-DR	3.6 ± 10.7	19.9 ± 8.6	<0.001

<i>WAIS-R</i>			
Information	10.1 ± 3.7	11.2 ± 2.8	0.37
Digit symbol substitution	8.0 ± 2.7	11.6 ± 2.3	<0.001
Similarity	9.9 ± 3.2	12.5 ± 2.2	0.024
Picture completion	8.5 ± 4.0	11.2 ± 1.8	0.037
Block design	8.4 ± 2.7	11.5 ± 1.9	0.0018

We don't know much about the brain. And the nature of science is to broaden fields. To specify. This is about simplification.

We've even used the same treatment and gotten similar results.

Here's the theory: these are the same disease. We call schizophrenia Alzheimer's after you turn forty. Assume for a moment that I'm right. That these are the same disease.

We've made progress on schizophrenia. Some people with schizophrenia have made full recoveries. So if Alzheimer's is schizophrenia, then Alzheimer's is curable.

There is hope after all.

So how do we cure schizophrenia? We don't treat symptoms. Some people say that theirs is in "[remission](#)" but they only say that because of how we convey the nature of the disease.

So, if for whatever reason, you're still with me. Alzheimer's and Schizophrenia are the same disease. How can I say that they are curable? It's the nature of the human mind. It has all the same hardware it had when you were born. It's perfectly designed and capable of a full recovery.

Asperger's is Autism is Curable

Yeah I know. Just bear with me a moment.

Symptoms:

- Behavioral: inappropriate social interaction, poor eye contact, compulsive behavior, impulsivity, repetitive movements, self harm, or persistent repetition of words or actions
- Developmental: learning disability or speech delay in a child
- Cognitive: intense interest in a limited number of things or problem paying attention
- Psychological: unaware of other's emotions or depression
- Also common: anxiety, change in voice, sensitivity to sound, or tic
- Treatment: therapy and antipsychotics
- Onset age: 3-60

Today, I want to take a look at Autism. It has a surprising amount of similarities to schizophrenia, including filling in the gap in our onset age timeline. Last time we proved that [Alzheimer's was curable](#) by first proving it was schizophrenia, then showing that it was curable.

Well here's your next simplification. Autism and Asperger's are the same disease. In this [article](#), the main differences are IQ, speech, and age of onset.

We say that people with Asperger's have higher IQ's than those with Autism. Wait...what? Isn't that something we most people measure differently anyways? I'm not going to numb your mind with proof that IQ varies from person to person.

Speech is a real, distinguishable difference. People with Autism do not develop normal speaking patterns. People with Asperger's typically do. The loops that effect these kids are different, but they need to all be approached the same way. Obviously If the nature of their loop involves self perception, you can imagine why they may have strange or delayed speech patterns.

The brain does not perceive time. We do. So now is the same for your brain as when you were fifteen. You and your brain are completely independent. What in the world does this mean for Autism? It means that it's the same as schizophrenia and Alzheimer's.

- They have the same symptoms.
- They are treated the same.
- The major difference is time. But we know that the mind does not process time.

This disease needs to be lumped in with the others. I know what you're going to say: *that's an oversimplification*. Maybe so. I'm not saying it's not a very real disease with serious

symptoms. What I'm saying is we need to take an entirely different approach to the human brain to start making progress.

There are major disparities in these diseases among different races. This is no coincidence. In other research, we've seen disparities, in aging, eyesight, and athleticism.

The brain is a perfect, complex computer that we do not fully understand. Some people don't know how to operate it properly, and some have logical errors in their syntax. The only way out of our loops is reprogramming. Otherwise we are just treating symptoms.

Autism is curable. Find your own case studies. People have made full recoveries. And if you believe my [basic assumptions](#). **All cases are curable.** We were all given the same opportunity.

So how do we cure it exactly? I wish I could give you an answer to that. I'm still working on it. So far, here's what I've got. Identify the loop. Identify the fear causing the loop. Identify the logic causing the fear. Rework the logic so it aligns with the proper order of things. These don't just apply to people with these disorders. They are simple but very powerful tools that can change your life.

Dyslexia and ADD

So if you've bought in to my only real assumption, which I've proven to myself and done my best to prove to you, you accept the fact that vision is in the mind, and we can reprogram the mind to operate completely differently.

If we can retrain our minds to process the visual signals properly, so we can see, what does that mean about dyslexia? Can we retrain their minds to learn properly? I think the answer is yes. I'm not saying that there is not a tangible thing that makes or made them this way, but what I'm saying is, I think it's curable. And the fact that I can see proves that.

I plan on working with some dyslexic students with no background and seeing if I can help them at all. My thought is that their suffering is similar to mine, and I think the solution may be simple.

Some beginning hypotheses:

The material that reading bores them. As we've talked about before [if not we should have], boredom is another quality that causes eye and mind strain. I'd guess that if reading is boring or the topic that they're reading about is boring then they won't be able to focus on it.

The act of reading or writing stresses them out. They've had little or no success reading or writing in the past, so they associate it with a negative past experience. Maybe they got a bad grade or embarrassed, and started to draw a mental block, and basically lock up at the thought of their native language.

But that can't possibly be the whole story.

Here's a fun correlation: my mom said that most of the kids at the dyslexia school where she teaches have ADHD. So I started looking into what medicines we give kids with ADHD. [Here's what I found.](#)

Since you probably aren't going to click that, read this:

<i>Drug Name</i>	<i>Generic</i>	<i>Duration</i>
Adderall	Dextroamphetamine Sulf-Saccharate	4-6 hours
Dexedrine	Dextroamphetamine Sulfate	4-6 hours
Focalin	Dexmethylphenidate HCL	4-6 hours
Methylin	Methylphenidate HCL	3-4 hours
Ritalin	Methylphenidate HCL	3-4 hours

Intermediate and Long-Acting Stimulants

Side effects of these medications include loss of appetite, weight loss, sleep problems, irritability, and tics. Long-acting medicines may have greater effects on appetite and sleep. The FDA has issued a warning about the risk of drug abuse with amphetamine stimulants. FDA safety advisors are also concerned about the possibility that all

amphetamine and methylphenidate stimulants used for ADHD may increase the risk of heart and psychiatric problems.

In short, we have a litany of different drugs we can give you to screw up your kids mind before they even have a chance. So we are trapping kids in a new way to the same path of destruction, depression, and crazy.

So here's what I'm saying, what if our treatment for ADHD alters the minds of our kids just enough to make it hard for them to learn. Call it what you want. But give it some thought. Your kid's well being depends on it.

Tourette's Is Reversible

We'll get there in a second. But first, is Tourette's genetic? The majority of cases are inherited. Kinda. Here's what Wikipedia says about it:

A person with Tourette's has about a 50% chance of passing the gene(s) to one of his or her children, but Tourette's is a condition of variable expression and incomplete penetrance. Thus, not everyone who inherits the genetic vulnerability will show symptoms; even close family members may show different severities of symptoms, or no symptoms at all. The gene(s) may express as Tourette's, as a milder tic disorder (provisional or chronic tics), or as obsessive-compulsive symptoms without tics. Only a minority of the children who inherit the gene(s) have symptoms severe enough to require medical attention. Gender appears to have a role in the expression of the genetic vulnerability: males are more likely than females to express tics.

I have a science background, and looking at this type of explanation makes me cringe. Read it for yourself, but it seems like we're trying to make a genetic model fit when it's really something we just can't explain.

It's associated with OCD, ADD, ADHD, and sleep disorders. This shouldn't surprise you at this point. We've discussed the nature of these diseases and how they are more related than anyone knows. In my opinion, the brain is binary. It's either working properly or it's not. And if it's not, there's a host of different functions that will be impaired. [see [There is only one brain disease](#)]

Tics may remit with age. This is from Wikipedia. But it's huge. Why? Because using my [model of the human brain](#), this means that Tourette's is a reversible condition. How do we reverse it? Same way we reverse other brain dysfunctions:

1. **Identify the loop.** This is the repeated behavior. It should be pretty obvious.
2. **Identify the fears causing the loop.** What are they afraid of? What makes them act like this?
3. Identify the logic causing the fears. Why are they scared of this?
4. **Doubt the logic.** Question their reasoning. If you can change their mind, you can change their brain.

Sources:

1. https://en.wikipedia.org/wiki/Tourette_syndrome
2. <https://www.cdc.gov/ncbddd/tourette/data.html>

Don't Trust Your Psychiatrist

Disclaimer: Changing psychiatric medication comes with obvious risks and should not be done unless supervised and supported by a professional. If you have no intentions of changing your behaviors, your life, or your brain, there is no reason to believe that anything will be different this time around. The purpose of this is to establish the fact that there is a version of you that is OK without medicine.

No offense.

But we just are in the beginning stages of [learning about the human brain](#). Psychiatry is like the bloodletting of the 21st century. Sure, we're testing these drugs before we hand them out, but I'm pretty sure you wouldn't let someone who know's nothing about cars rebuild your engine. It just makes no sense.

Everybody's wired differently. We just have to find the right mix of chemicals. This is all bullshit. All they know is that they can write you scrips that sometimes help people feel better for some amount of time. It's all about trial and error.

They don't know the actual nature of change. Not numbing you into some third party in your own life. Actual change.

Read about all your meds before you take them. Most of what they prescribe have some crazy side effects. There are multiple studies out there about whatever you're thinking about taking.

Grill your shrink about your diagnosis. Ask as many questions as it takes until you are on board with everything.

Be honest with them. They can only diagnose what you tell them. It doesn't help anyone to lie or to just not take your medicine. Tell them you're not taking that pill. Tell them you're not on board with an increase. *The decision every day whether or not to take the pill is yours.*

Stand your ground. Your sanity is a stake here. You're talking about medicine that will deeply impact your life.

Ask about alternative routes. Think critically about the other variables in your life right now. You're about to double down. What if you're completely happy on these meds? Is that the real you?

Your goal should be to eventually ween off. But DO NOT take my word for it. Do your own research. Form your own opinion. You only get one go at this.

Remember: you were designed to be happy. And you've been happy before without meds.

TIME

The distinction between the past, present, and future is only a stubbornly persistent illusion. -Albert Einstein

You Control Your Sunburn

Well, to some extent.

Think about the last time you went to the beach. You know the drill. Some people will burn in fifteen minutes and others won't burn for hours, even if they are the same skin tone. How can this be the case?

It's because of the medication they're taking. Yes, maybe. But why?

Each person perceives time differently. Remember, time does not exist. So it's your perception of time that actually either speeds up or slows down your actual sun exposure. The greater amount of strain you have in your life [there are all kinds of sources], the less time you can stay in the sun without burning.

It sounds ridiculous even writing it, but just think about it. We have proven that our perceptions of time effect aging, menstrual cramps, puberty, and blinking. Your perception of time controls how much damage the sun can do to you in the same amount of time as someone else.

What about skin cancer? It's a real thing. Sunscreen helps prevent it, but what sunscreen does is shield you from the sun's rays. And your body benefits from the sun. Oh, and there are types of skin cancer that people get in places the sun doesn't touch.

Skin cancer is essentially the latter stage of skin aging. The risk factors for skin cancer are age, fair skin, radiation, smoking, and being a guy. If you've read any of my other posts, these shouldn't surprise you.

Old people get skin cancer more often. The average age of melanoma is 63. And we've proven that aging starts in the brain.

Your skin can still recover and adapt. So wear sunscreen, or don't. But sunscreen or not, when you get burnt it's time to cover up. So here's a crazy idea, your skin is a living thing, just like your muscles. We stress our muscles to get stronger. Allow them time to recover, and repeat. That's how we should view sun exposure.

Ok. So what do I do now? Just continue living your life. Start thinking about what you're doing every day that makes you burn faster than all of your friends. Because that's what'll kill you. Not the sun.

Sources:

1. <https://www.psychologytoday.com/us/blog/the-art-and-science-aging-well/201702/why-do-women-live-longer-men>
2. <https://www.melanoma.org/understand-melanoma/preventing-melanoma/facts-about-sunscreen>
3. <https://www.cancer.gov/types/skin/melanoma-photos>
4. <https://www.skincancerprevention.org/skin-cancer/risk-factors>

5. <https://gis.cdc.gov/Cancer/USCS/DataViz.html>
6. <https://www.skincancer.org/healthy-lifestyle/anti-aging/seniors>
7. <https://www.scientificamerican.com/article/how-does-sunscreen-protect/>
8. <https://www.skincancer.org/skin-cancer-information/skin-cancer-facts>
9. <http://www.abc.net.au/health/features/stories/2014/01/28/3930977.htm>
10. <https://www.quora.com/Are-there-more-cases-of-skin-cancer-near-the-equator>

The Conservation of Dopamine

It's the neurotransmitter responsible for pleasure [among other things]. Consider for a moment the possibility that we all produce it at the same rate.

So what would that imply about depressed people?

We've shown over and over again how the human brain perceives time. How it controls your sleep, your sunburn, and your height. If we can assume just for a minute that everyone's brains produce the same amount of dopamine, how would that fit into our theory?

That would mean the most stressed people would constantly be low on dopamine. So those people that are aging the fastest are also the most unhappy.

I think we can agree that stress is the opposite of happiness. So people that are the most stressed are the least happy. What if we all had the same amount? Could that even be possible? If dopamine is the opposite of stress, the most stressed people would run out of dopamine first.

It's about time perception. The more stressed you are, the slower time moves for you. And the longer your days, the less dopamine you have at the end.

So if I told you that you had the same amount of dopamine as the person next to you, what would you do differently? If time is relative, and this chemical is produced relative to that perception of time, reduce your stress to increase your happy.

How to age like white people

If you don't like sarcasm, go read [anything else I've written](#).

Let's be honest with ourselves here. We're really on to something. For those on the outside looking in, here's what you need to do to catch up.

Starve Yourself. Just eat less. Or don't eat at all. Who care's if you were born to be 250 pounds? Humans have survived worse. Just as long as you can stand on the scale and feel good about yourself.

Drink Coffee. This is super helpful when you're trying to starve yourself. It really kills the appetite and gives you that burst of energy that you used to have all the time when you were whole.

Get glasses. In the stress of starving yourself, you're going to start to feel different. Your vision may start to blur. Glasses can help alleviate this annoyance and get you back to what's important: getting as thin as humanly possible.

Workout when you don't feel like it. Earn your gold stars. Outwork your friends. That's what it's all about. Looking good naked. Win the race to the grave.

Ignore your body. Don't worry about how sore you are, or how much your stomach is growling after that big salad you just ate. Just keep plugging away. Maybe your headache will go away. You can always just go get coffee in a couple hours.

Get depressed. As you starve yourself with the aid of glasses and exercise, this should be easy. Just go with it. You'll hate every minute of every day.

Take Meds. Since you can't figure out what went wrong, and you can't go five minutes without flipping someone off, go talk to someone. Get them to give you pills. That's what you need: one more variable to sort out.

That should be enough to get you started. If you don't start seeing results in 30 days, you're doing something wrong.

Hyperhidrosis: Beyond the Sweat

Heavy sweating, if you're an athlete, can be dangerous or even deadly. So what causes it and can it be prevented?

What do we know about hyperhidrosis?

Some people sweat a lot. This is what we call it. Here's what Wikipedia says:

Hyperhidrosis is a condition characterized by abnormally increased sweating, in excess of that required for regulation of body temperature. Although primarily a physical burden, hyperhidrosis can deteriorate quality of life from a psychological, emotional, and social perspective. It has been called by some 'the silent handicap'.

Both the words diaphoresis and hidrosis can mean either perspiration (in which sense they are synonymous with *sweating*) or *excessive* perspiration, in which case they refer to a specific, narrowly defined, clinical disorder.

So using our [crazy concept of time](#), can we make any progress? Yes.

Those with hyperhidrosis may have greater stress levels and more frequent depression.

Here is why that shouldn't surprise you: these people sweat more because they stress more. Time is slower for them, so they are literally in the heat for longer than you. Think about what you'd look like if ran four miles instead of one. They are going to burn more calories, sweat more, cramp more often, and be more fatigued.

So if that is true, how do you prevent cramps?

Relax. Relax your mind, and your body. Once you start straining, time dilates. If you must push yourself beyond relaxed exertion, remember what you're doing. Refuel accordingly. You're going to burn a whole lot more calories under constant stress than you would relaxing, so prepare accordingly. As your blood sugar depletes, your body will circulate the remainder faster to keep levels up in your brain. This stresses the body even more, so keep your blood sugar in check. Find a routine that works for you. Take the rest that is given to you in whatever you're doing. And most importantly, listen to your body. If you can't focus and are constantly overheated, more exertion is not going to level you out.

What about salt?

It seems like there are a bunch of minerals lost to sweat. The current belief is, that if we replace those minerals, you don't dehydrate, or at least don't cramp. I don't disagree with this. Replace whatever you lose. But know that if you can't relax and control your perception of time, you won't be able to eat enough bananas to counteract the strain.

Sources:

1. <https://www.mayoclinic.org/diseases-conditions/muscle-cramp/symptoms-causes/syc-20350820>

2. <https://en.wikipedia.org/wiki/Hyperhidrosis>

Baldness Prevents Strokes

You read that right. Now let me try to prove it.

Look at these heat maps for the hairiness and baldness. I think it's safe to say that there is a correlation with the two.

Wonder if it has anything to do with the Mediterranean diet? Probably so. But balding is a much broader problem than that. It's really only a matter of time. Two thirds of men are bald by 60. And we know the [aging mechanism](#). So we can call balding and hairiness part of the that.

We know that stress can cause balding. And we know that aging can cause stress. Therefore, aging can cause balding. But we already knew that.

So why don't women go bald? I think it may be because they don't change as much. I'm guessing the average woman's head changes much less than the average man's [in volume]. Unrelated fun fact: [women are also more likely to have strokes](#).

Asians don't go bald as much. And they are more likely to have severe strokes.

Chemo causes people to go bald. *You know this.* We even have [cooling caps](#) designed to help people on chemo lose less hair. Why in the world would this work?

So if baldness is about time spent out of equilibrium, does it serve a purpose? You would go bald at the same time you get hairy, theoretically. Your brain shrinks and your brain entropy rises. The hotter your head gets, the more [brain entropy](#) you have, and the more likely you are to die of a stroke or a heart attack.

Baldness is a mechanism to prevent strokes. If you think about it, even thinning hair would help lower the head temperature, just not to the same extreme. So balding is your body quite literally adapting to a more stressful environment.

Edit: Looking back, this may be too big a logical leap. So what causes strokes? It happens when your brain pressure gets too high. Think about the correlation [between glaucoma and strokes](#).

So how could people just suddenly go bald? Some sort of stress. It could be caused by emotional distress, physical stress, mental strain, or any number of things. The real problem comes when you don't have the mechanism in your life to combat whatever stress there is. So instead of restarting every day, you begin dying little by little.

What if my head didn't shrink? It doesn't matter. If you have more energy in the same black box, it's the same as it getting smaller. [[Boyle's Law](#)]

Sources:

1. <https://www.belgraviacentre.com/blog/hair-loss-facts-figures-and-statistics/>
2. <https://www.creditdonkey.com/hair-loss-statistics.html>

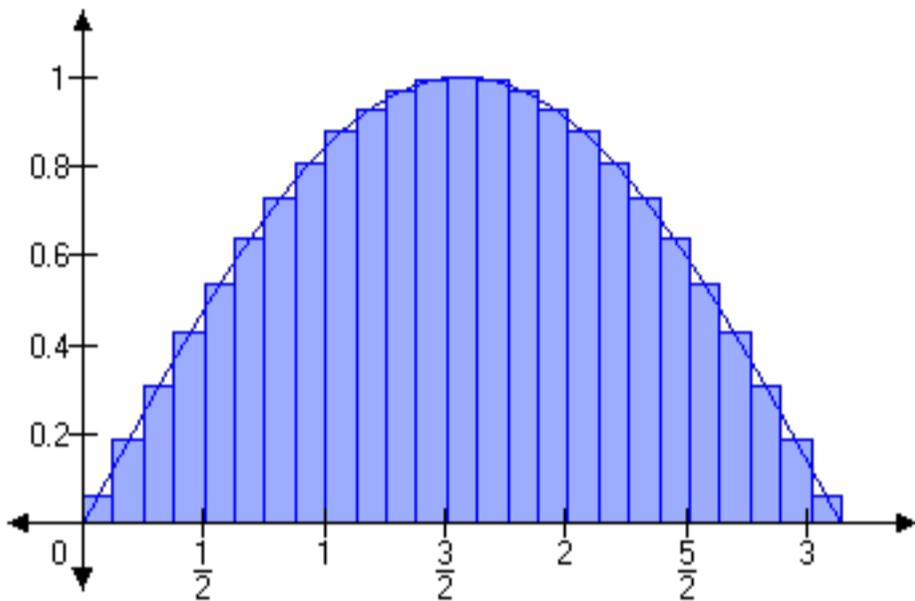
3. <https://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/hair-loss/cold-caps.html>
4. <https://www.forhims.com/blog/these-signs-of-balding-can-be-reversed-and-heres-how>
5. http://www.healthdata.org/sites/default/files/files/EMR%20Profile_final_4_0.pdf
6. https://www.reddit.com/r/tressless/comments/8e057m/poor_diet_can_cause_hair_loss_but_what_does_it/
7. <https://newsroom.heart.org/news/asian-american-ethnicity-associated-with-severe-stroke-worse-outcomes>

Rethinking the 100-meter Dash

What's the smallest unit of time that you can perceive. How much does it change throughout the day? At what points does time fly?

I've noticed is that as I relax my mind and see better, my "now" becomes longer. I think it's why if you focus on a single point when you're running or working out, you perform better. Because the more "nows" between me and my destination, the worse I'm going to run. Counter-intuitively, the choppy the curves of now, the smoother the time feels. So the fewer points that time stops, the faster time flies.

Is there any math behind this theory? Yes. Simple calculus.



Calculus is the math behind finding the exact area of the curve. Take a look at this curve. For a moment, I want you to imagine the curve as time it takes you to run 10 meters. The chops of the curve are your instantaneous now. As you stress your mind and body, these shorten. And you run slower, and you use more energy. The key to your fastest race is the thickest bars under the graph [after you get going].

Think about the 100-meter dash. Let's assume that everyone has perfect running form, and a perfect start. Usain Bolt takes 41 strides, Justin Gatlin takes 42.5, Johan Blake takes 46. Why does that matter? The person that wins the 100-meter dash is the person that slows down the least. Everyone slows down. And if everyone has the same top speed, and gets to that speed in the same amount of time, the only difference between Usain Bolt and Justin Gatlin is that Gatlin slows down a little more over the course of the race. His relative "now" is slightly shorter than Bolts, meaning that he'll need more strides to complete the race. And more energy. And more time.

There's one more important thing to discuss about the 100-meter dash. The acceleration phase. The portion of the race where the runner accelerates to top speed. This portion rewards those that compress time the most. The harder you push, the shorter the amount of time between strides, the faster you accelerate.

So before you write off the 100-meter dash as a simple display of athleticism, remember the delicate balance of rest and relaxation. The race pits runners against each other, and against themselves. Push too hard, and you'll come up short. Don't push hard enough, and you lose. Transitioning two opposing mindsets is key as the runners changing their perception of time throughout the race.

Sources:

1. <https://news.ncsu.edu/2011/06/wms-dogs/>
2. <https://animalogic.ca/wild/7-near-psychic-animals-that-might-just-be-able-to-predict-disasters-before-they-happen>

Explaining Superhuman Strength

We've all heard the story of the pregnant woman lifting a car off someone. There are so many examples. Maybe you've even experienced one of these events. Here's how it happens.

We've already proven over and over again how we control our own aging and our own perception of time. Stress makes our brain work harder, and makes us age faster. But when you break it down to individual moments, it gets really interesting. The fight or flight instinct, when many people say that "time stands still." It's because it basically does. Their brains are so active, that time slows almost to a stop. They are the furthest things from relaxed.

Bear with me.

- Force=mass x acceleration
- Acceleration= change in velocity/ change in time

Everything is the same as it would be in the gym, but because of the change in brain activity, the change in time shortens. So if you let the change in time approach zero, you can see that there is basically infinite potential for force. So this calculation makes it possible for you to potentially do superhuman things when you're under large amounts of stress.

Sources:

1. <https://www.psychologytoday.com/us/blog/extreme-fear/201011/yes-you-really-can-lift-car-trapped-child>
2. <https://abcnews.go.com/US/superhero-woman-lifts-car-off-dad/story?id=16907591>

High Blood Pressure Starts in the Brain

We've proven how the brain perceives time, and your blood pressure is a sign of this perception. How? The second derivative of time is a variable in pressure. And this pressure is in the closed system of your body.

Here's some more detail for those who want it, from a physics nerd. Pressure equals force/area. Force equals mass times acceleration. Acceleration is the change in velocity over time. Time here is relative to the subject. Relative to their brain activity.

We control our own time. Our time is represented in our blood pressure. So current blood pressure essentially equals current time perception. Thus, it would make sense that people with a history of high blood pressure would die the soonest. They are aging the fastest. Well, in theory. One blood pressure reading is really just the instantaneous time perception.

Have I done an adequate job getting to this point? Probably not. We experience time differently. We age differently. These things are related. Athletes age slowest, and use their brains the best. The more stress we have in our lives, the more we age, the faster our time accelerates, and the higher our blood pressure, and the worse athletes we become.

So next time you go to the doctor, and read 140/80, they may be right that you're going to die early, but they have no idea why. How can the medications they give you solve your problem if they don't understand the organ that's effected first?

Sources:

1. <https://articles.mercola.com/sites/articles/archive/2014/12/17/real-cause-heart-attacks.aspx>
2. https://www.medicinenet.com/high_blood_pressure_hypertension/article.htm#what_is_high_blood_pressure_what_is_normal_blood_pressure
3. http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/GettheFactsAboutHighBloodPressure/The-Facts-About-High-Blood-Pressure_UCM_002050_Article.jsp#.WyhfqUgvzrc
4. <https://www.healthline.com/health/high-blood-pressure-hypertension/blood-pressure-reading-explained#hypotension>
5. <https://www.everydayhealth.com/hypertension/understanding/what-does-blood-pressure-measure.aspx>
6. https://www.health.harvard.edu/newsletter_article/blood-pressure-and-your-brain

Pitchers Are Endurance Athletes

Watching the World Series this past week begs a single question? Why can't pitchers hit? Before you say because of their builds, think about those outfielders who are built like pitchers, and can hit.

Use it or lose it. They simply don't take much batting practice, and have even fewer plate appearances. There's obviously some truth here. But I'd argue that you'd never be able to train most of these pitchers to hit over .200. With infinite resources in an environment that rewards nothing but performance, couldn't we figure this out?

Pitching is about control. It doesn't matter if you can throw 105 if you can't throw strikes. And not just strikes. You need to be able to pick small portions from around the plate. It takes a very specific mindset to throw 95 mph and hit spots. Especially 100 times in a row. And the mindset to hit such a pitch is completely different. Think about most of those pitching motions. They're typically long and loose. It's the baseball equivalent to a distance runner. Relaxed, predictable, endurance athletes.

Batting is about reaction. It's the opposite of control. There's not much time to react to a major league pitch. Most people can't even see it. To hit a fastball, you need to be able to change your mind after the ball has been pitched. The movements are shorter, faster, and less predictable. A good hitter hits .300. Any pitcher that threw strikes 30% of the time would've stopped playing baseball in high school, or found another position.

Why are most professional pitchers so tall?

The longer levers help them throw harder while relaxed. Meaning more pitches on target, for a longer period of time. Your third baseman may be able to touch 94 on the gun, but chances are great that with his build he couldn't throw many pitches consistently on target at that speed. It's exactly this difference that allows the third baseman to out-hit the pitcher every single game. The shorter levers and bigger muscles allow for more changes and more acceleration.

What does John Isner have to do with this?

He has one of the best serves in the history of the tennis. But also one of the worst return games of anyone inside the top 100. It's just like baseball. These big athletes do very well when they control the action. When they are reacting, they are just slower. More importantly, John Isner is a great example that you can't teach a 6'7" pitcher to hit. Why? Because he has the serving game figured out. If he could just return average for a touring pro, he'd make deep runs in majors, so don't tell me he doesn't practice returning. He probably spends at least as much time returning as he does on his serve.

What if the same mindset that makes him such a great server is what made him so tall and not vice versa? If that sounds crazy, you may want to read [my post about height](#).

What about the exceptions?

[Turns out most of the pitchers that were good hitters, couldn't pitch all that well.](#) I'd argue that the mindset that made them bad pitchers in the first place, gives them a better chance behind the plate.

Babe Ruth is the most interesting exception. He was a great pitcher, and one of the best batters in the history of the game. The problem with viewing him as the missing link, is that he only pitched professionally 10+ innings per year until 1919, and these were some of the worst hitting stretches of his career. After that, he focused almost exclusively on hitting.

What conclusions are there here?

Baseball is about thinking fast and slow. And those that think fast, bat well. Those that think slow, pitch. A reactive mind is faster, but has much less endurance. The controlled delivery of the best pitchers helps them maintain their velocity and accuracy inning after inning. So your most consistent pitchers are going to have the worst batting averages. And if you find a way to change their minds and time perception, you may can turn them into hitters, but it will come at a price.

Sources:

1. <https://theconcourse.deadspin.com/why-pitchers-will-always-suck-at-hitting-1620184799>
2. <https://www.kansascity.com/sports/mlb/kansas-city-royals/article211588729.html>
3. <https://www.beyondtheboxscore.com/2011/5/31/2199146/hitter-aging-curves>
4. <http://www.sportsonearth.com/article/71693338/new-york-mets-bartolo-colon-among-worst-hitting-pitchers-ever>
5. <https://sabr.org/research/does-pitcher-s-height-matter>
6. <https://www.fangraphs.com/tht/short-pitchers-still-getting-short-shrift/>

Why do we cry?

Crying is the shedding of tears (or welling of tears in the eyes) in response to an emotional state, pain or a physical irritation of the eye. Emotions that can lead to crying include anger, happiness, or sadness. The act of crying has been defined as "a complex secretomotor phenomenon characterized by the shedding of tears from the lacrimal apparatus, without any irritation of the ocular structures", instead, giving a relief which protects from conjunctivitis. A related medical term is lacrimation, which also refers to non-emotional shedding of tears. Various forms of crying are known as *sobbing*, *weeping*, *wailing*, *whimpering*, *bawling*, and *blubbering*.

So essentially, we cry in extreme emotional situations, whether that be anger, happiness or sadness. And extreme pain. Oh, and [onions](#).

Take a moment and stare at something. Hold your eyes open long enough so that tears come out. So there is a limit to how long you can hold your eyes open without blinking, right? And typically, at that point, your eyes will water.

So if we take our view of [time dilation](#) as it relates to stress, the human perception of time contracts as the stress increases. So in your most emotional moments, your brain is so active, that seconds seem like minutes. Time literally freezes. And if time froze when your eyes were open, you know what would happen? Your eyes would dry out. So you produce tears. **Crying is a symptom of high brain activity which drastically slows the individual's perception of time.**

Sources

1. <https://www.independent.co.uk/life-style/health-and-families/features/why-do-we-cry-the-science-of-tears-9741287.html>
2. <https://www.scientificamerican.com/article/are-humans-the-only-prima/>
3. <https://en.wikipedia.org/wiki/Crying>
4. <https://www.nytimes.com/2017/09/05/science/onions-crying-chemicals.html>

Cancer is a brain disease

How can I possibly come to this conclusion? It's pretty straightforward if you've read my other stuff. [I'll link some important source articles below]

Entropy increases in the brain as we age.

Entropy causes aging.

Cancer is the last stage of cellular life. Therefore aging causes cancer.

Aging starts in the brain.

Thus, cancer starts in the brain.

Before you call bullshit, think about the entire field of epigenetics, the study of how your genetic code mutates over time. We know that you weren't born with cancer. We know that your genetic code changes over time. And we also know that the chances of getting cancer greatly increases as you age.

So, in my opinion, there's never going to be a magic pill or vaccination to cure cancer. We have to fight the disease at it's source: the brain. How do we do that? We combat the aging process best we can: [Sleep better](#), [see better](#), and [get in that cardio](#). We measure our personal time dilation, and think critically about the medicines we're taking, because side effects matter. Take matters into your own hands, because you've been controlling things all along anyways, without even knowing it.

Is Running the Key to Aging?

As always, let's start somewhere completely unrelated: adolescence.

Think about this for a moment: if our brains control our bodies, do we control our own adolescence? We always talk about puberty like it's some event that "happens when it happens." Consider for a moment that we play at least some role in our own development. I think it's more than that, but I want you to keep reading.

We do not know why some people go through puberty before others. We just don't. There's a nice age range and we know that girls typically go before guys, but that's about it.

So let's make our typical assumptions. If time does not exist, what is the difference between our subject when she's 10 and when she's 15? [Her mind](#). So if her mind is the only thing to change, and we know that age of puberty onset is not genetic, how do we control when we hit puberty?

There are disparities in puberty onset of different races. [Take a look at this](#). There's a significant average onset age difference between different races and cultures. Surely you know by now that I don't buy into the fact that genetics controls everything we don't understand. There are other factors at play here, and we should look at them with an open mind.

Puberty begins earlier in African American girls. We've looked into black culture a good bit over the past month. You know what else we know about black girls, generally speaking? [They don't workout](#).

Think about this for a moment: Female track athletes almost always look like they're fifteen, or younger. You pick your definition of the development of women, and you will not find it in these girls.

[Running is known to help longevity](#). This article goes a lot further than that. It's basically saying that running is the fountain of youth. So I've already written about how aging starts in the brain, so if that is true, what does running do to the brain? I found an [article](#) about that too, but then I got to thinking: if we don't know how the brain works, how can we say what running does that will benefit it? Here's what you should take away from this: aging is not what you want to do. People get ugly and less productive, and less functional as they age. Cancer and most all diseases develop later in life, as we age. So if running is what we say keeps you from aging, you should run. Or pick your cardio of choice.

So if we know that you today is the same as you tomorrow, and is the same as you in five years, what does running do to slow down the aging process? We know now that aging starts in the brain. As the brain ages, the body ages.

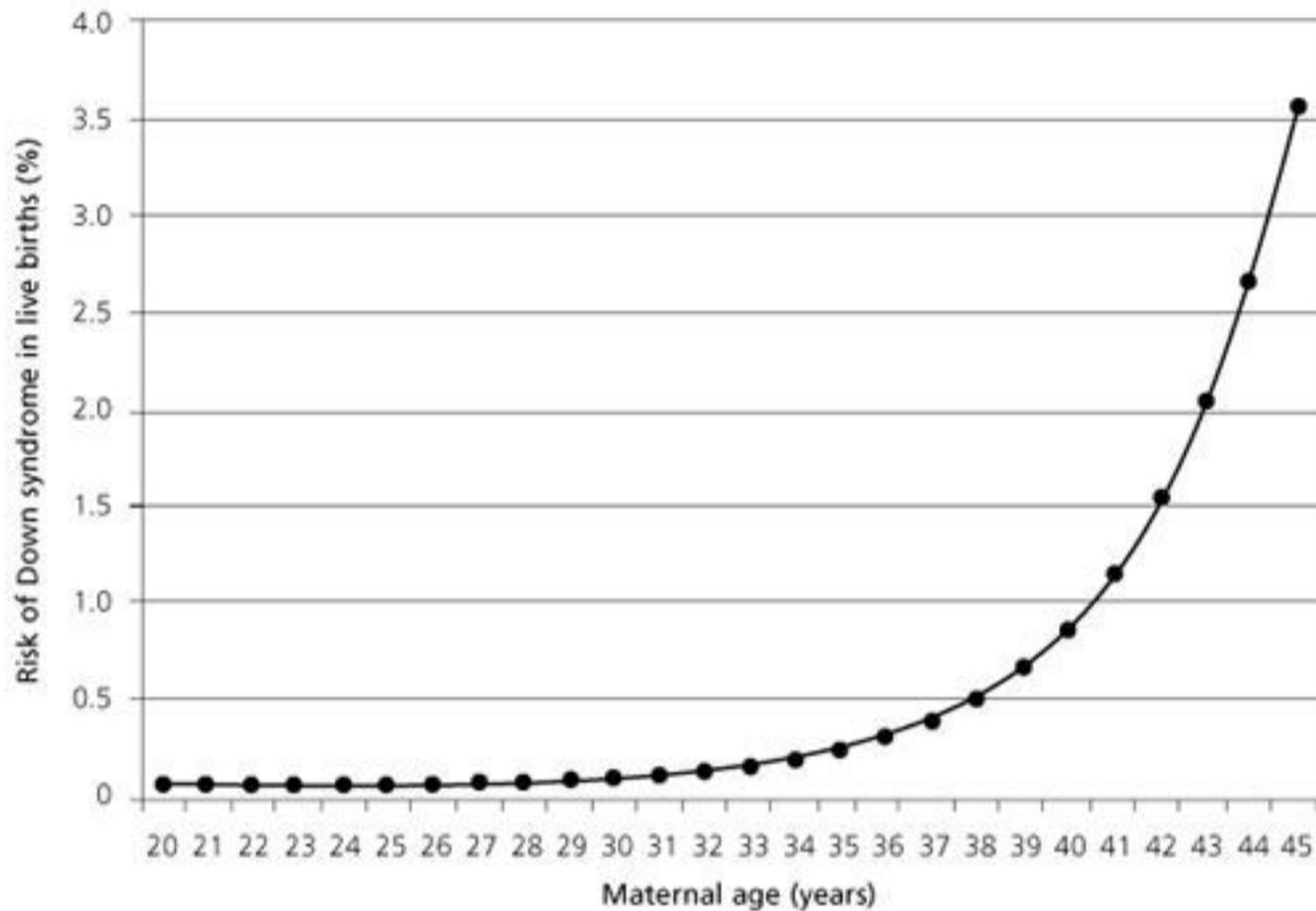
Running can change your brain. This is a great post that explores the mental benefits from running at several different angles. I think it's simple: running is a stress reliever and the right amount of cardio helps alter our perception of time.

Think about the sports where the athletes look the best. In my opinion, basketball, soccer, and tennis. Three of the most run-intense sports. I prefer to look at the professional athletes, because you'll get a larger percentage of days and time on court. The NBA players are in a league of their own.

So find your venue of choice, and go running.

We Cause Down Syndrome

[Down Syndrome occurs way more often in older mothers.](#) Look at the chart below. Why is that? I have no idea. What I do know, is what causes aging.



- A 20-year-old woman has a 1 in 1,500 chance of having a baby with Down's syndrome.
- A 30-year-old woman has a 1 in 800 chance.
- A 35-year-old woman has a 1 in 270 chance.
- A 40-year-old woman has a 1 in 100 chance.
- A 45-year-old woman has a 1 in 50 chance or greater.

The only thing that's different in a woman that's 20 and a woman that's 40 is her mind. Maybe not all, but that's where it all started. That's the source of the aging.

Mental strain equals aging. Aging equals a better chance of having a kid with down syndrome. But if [aging starts in the brain](#), and we know the cause, can we reduce the chances of these kids being born with these defects. Yes. You can take these precautions at any age.

The Global Down Syndrome foundation has this on its website: "Down syndrome has nothing to do with race, nationality, socioeconomic status, religion, or anything the mother or father did during pregnancy. [[Source](#)]" You just don't have enough information to prove that. You're also closing the door on other research or correlation that may help prevent this in the future.

Let's just call it genetic. It's easier. No one will feel guilty. It's just simply not true. If it was genetic, why would older women have kids with it so much more often than younger women?

Down syndrome is not genetic. Sorry. I wish it was. It has a positive correlation to the age of the mother. And we've already figured out what the difference is between old people and young people: the only difference. Their minds. We've traced the roots of the aging process to the brain, and have discovered the cycles that accelerate it. *I know what you're thinking: our genes change over time. That's right. And what causes the genes to change? Stress.*

We cause Down syndrome. And it's preventable. So if you're trying to get pregnant at any point, but especially late in life, question your mental health first, and make sure you're in the right place before taking the plunge. Your baby's health depends on yours.

HEALTH

*Health is merely the slowest possible rate at which one can die. -
Unknown*

Food is fuel

This is what you should be thinking on your diet, nothing else. It's the mindset of athletes, and it will give you a new lease on life.

We all need food. It is literally energy. A calorie in physics is a [unit of energy](#).

All food is essentially the same. There are fats, carbohydrates, and proteins. You need all of these. You can debate the ratio, but if you don't get enough of any, you will not perform or function at your best. I tend to agree that there are vary levels of health of different food, but I'd rather you eat a donut than not eat.

Your body needs it to perform. You are an engine that runs on food. Think critically about what you put in it, but don't starve yourself and expect improved results.

Your body needs it to recover. Just because you ran today doesn't mean you can't eat a decent supper.

Your brain needs food. It just does. Sure, [healthier choices help it perform better](#). But it needs something to function. [Low/no carb diets may impair memory](#).

Top athletes don't starve themselves. Eat like an athlete, not a model. If you're like me, getting in the exercise is not the problem. That's the fun part. The diet is the painful part. There are successful athletes in almost every subclass of diet.

It's not difficult. Your body is programmed to tell you when to eat and what to eat. Don't ignore it. It knows better than you do what's good for it. There's a reason we're all carbohydrate addicts.

Your body is perfectly designed for your lifestyle. If you're trying to make a change, change your lifestyle, not your diet.

Think about how a kid eats. Sometimes you have to force them sit down and do it. Eventually they do it, even if they may just eat a plate of Oreo's and strawberries. Then they are straight back out playing. As they should be. And as we should be too.

Your Scale Is Killing You

Hop on today. Look down. Then decide what to eat. Repeat the cycle until you like what number you see. That's the only way to be happy, right?

Your scale doesn't know if you're hungry. It just doesn't. So don't let it decide if you eat breakfast or not.

Your scale doesn't know your body fat percentage. Well, you may have a fancy scale that estimates this, like me. But otherwise you literally just see a number.

Muscle weighs more than fat. Proven fact. So if you're the same size [volume] you were last month, and you put on two pounds, that's a good thing.

We don't know how much you're supposed to weigh. We have "[recommended guidelines](#)" of height and weight, but I wouldn't let them rule your life.

The lightest person doesn't win. I mean, he may, depending on the contest. But if you weren't meant to be 150 pounds, it's going to be hell getting there. And after you get there you're going to be hungry all the time. [See [How to age like white people](#)]

Your scale doesn't know if you're happy. So what if you're perfectly happy and fifteen pounds overweight. I think you forgot the part that you're perfectly happy. Get off the scale and go back to whatever you were doing before.

You're working out wrong

It's not about how hard you can push yourself. It's about how much you can relax while your body is pushing. Your body performs its best when it's relaxed, so your goal in the gym should be more of a meditative state under different types of duress.

If you can't do the same exercise every single day, you're pushing too hard. I'm not saying you need to [quite the opposite], but this should help reshape your intensity. Think about whatever manual labor job you want, where you saw someone that was naturally ripped. That's not a coincidence. You lift boxes all day, and you'll have to learn to relax while you're doing it, or you'll need to find another job.

So how do I get stronger? Your body will still develop, but at its own pace. You deciding that you're going to spend an extra hour in the gym just because you want it more than everybody else isn't going to help you.

You've heard the term *country strong*. It's that guy in college that never worked out but was built like an ox. His first day in the gym he lifted way more than you ever could. This is why.

Do not let your mind get involved with your workout. If you can't relax with the weight you have on the bar, it's too much. I'm not saying don't push yourself, but if you start to feel muscles tear, that's too much. Once it starts hurting, you're done with that muscle group for the day.

Do not flex or clench at the top of any lifts. Stay relaxed the whole time. I assume you want to be chiseled when you're just walking around, not just when you flex. Bring that intensity with you everywhere.

Listen to your body. It knows better than you do. Better than I do. And most certainly better than that article you read in Fitness magazine.

Let's assume I'm wrong. I'm not, but just assume it. It's still worth testing. If what I'm saying is true, you're literally wasting away in the gym. Take it back a couple notches for a couple weeks and see if you notice any improvement.

Health is an Illusion

Alternate Title: Time Doesn't Exist, Health is about right now

When you start looking at time differently, your perspective changes. If I pretend it's my last day on earth, I'm frantic. If I imagine I have twenty years left, nothing matters. If I act like time does not exist, things get crazier.

Think about it. This is actually part of the recipe that helped me tie schizophrenia to Alzheimer's. The brain does not perceive time. It perceives stress. It uses contextual clues to recall the length of time since a previous event occurred.

[Read [Rethinking Sleep](#) or [You Control Your Sunburn](#) for my take on how the brain's stress-time mechanism works. I call it personal relativity]

If time doesn't exist, what unhealthy loops are you stuck in? Are you living an Edge of Tomorrow life, but doing the same thing over and over again every day? If you're not happy with the results, change something. It truly doesn't matter how long you've been on this earth, or how long you have left, because time doesn't exist.

If time doesn't exist, what is health? Health is only defined by the amount of time you have on this planet if nothing takes you sooner. But if time doesn't exist, health by this definition is only an illusion.

Health should be defined as a percentage of total body function. If all your major body systems are functioning at a high level, you are considered healthy. That takes time out of the equation. And the World Health Organization has echoed this in its definition of health being "the absence of disease" which it later changed to "complete physical, mental, and social well-being."

Truth is what life is about. Being true to yourself, and aligning your truth with the great truths. It won't guarantee that you'll live any longer, but it will guarantee that you live a life with purpose. What's it matter how long you live if you don't feel like your life mattered?

Note: I'm not saying be unhealthy. I'm saying optimize your life right now. Because there is no difference in now and the day you die. And you don't know how many days you have left.

MINDHACKING

*You are confined only by the walls you build yourself. – Andrew
Murphy*

Design Your Own Placebo

That pill that does nothing...does something. It's clearly proof of mind over matter. The million dollar question is why.

We know that the mind controls the body. So if the introduction of this pill into your system solves your problem, what does that say about the nature of your problem?

I'd say that it was that these problems were our own doing from the start. There was some logical loop frying our system that changed the output of our brain. By putting this pill into the system, and convincing us that it's going to help us, our brains sidestep the loop due to no help of the pill. We just needed a reason to doubt the logic in the first place.

Placebos seem to be most effective on pain, nausea, chronic fatigue, and depression. What does that say about the nature of those diseases? **We need a pill to tell us that these diseases are all in our heads.**

Sham surgeries are also apparently a thing. Doctors will cut you open, do nothing, and stitch you back up. The craziest part of all, they seem to work as well as traditional procedures in some areas. You read that right. Even fake surgeries seem to work. How can that possibly be?

Something to try at home: If the placebo effect is all in your mind anyways, can you convince yourself that you just took a pill to help your ailment? It sounds ridiculous, but if the nature of the problem is all in your mind, design your own Trojan Horse to retake your throne.

Sources:

1. https://en.wikipedia.org/wiki/Sham_surgery
2. <https://www.bbc.com/news/magazine-34572482>
3. <https://en.wikipedia.org/wiki/Placebo>
4. <https://www.health.harvard.edu/mental-health/the-power-of-the-placebo-effect>
5. <http://sitn.hms.harvard.edu/flash/2016/just-sugar-pill-placebo-effect-real/>
6. <https://www.vox.com/science-and-health/2017/7/7/15792188/placebo-effect-explained>
7. <https://www.nih.gov/news-events/nih-research-matters/placebo-effect-depression-treatment>

Quantifying Character

I don't know how psychologists of years' past quantified character. Here's my take on it.

You should know by now that I view the brain as a perfectly designed, fully programmable computer. With that in mind, we make thousands of decisions every day, more than any people in the history of humanity. How does our character factor in to those decisions?

Can we write some code to help us narrow down the possibilities for each decision? Yes. Imagine that every time you are faced with a decision you have five choices:

1. Strongly Positive
2. Positive
3. Nothing
4. Negative
5. Strongly Negative

Your character is your decision of how to make these decisions. If you automatically throw out negative and strongly negative, you've already written some pretty strong code. If your choice of what to do is determined by how you feel or who's around, remember you only have as much character as your decision is predictable.

Think about it. Those people you know that do nothing or negative things are either sloths or assholes. Those people that have no character and could do something strongly positive or strongly negative at any moment are usually considered crazy or unstable.

So write your own script and go ahead and decide how you will make decisions. Don't let your mood or your audience define you.

Cure Your Own Dyslexia

This is in honor of my mom, who has dedicated many years to helping dyslexic kids in our area.

Dyslexia will probably not have a single solution. Similar to our [post about SIDS](#), dyslexia seems to be a combination of different causes for the same symptom. You can ask teachers, the solution to this one is very personalized. But the symptom is pretty well-defined: struggling to learn to read or struggling reading.

It's a spectrum disorder. Some people have it much worse than others. Consider for a moment the most fluent reader in the world. That reader may look at average or even strong readers as impaired in some way. If we all have the ability to read at that capacity, each of our reading abilities has room for improvement. I'm not saying that we're all dyslexic, but I'm not saying we aren't either. So if instead of grouping together those people who don't read well, shouldn't we all strive to optimize our reading ability? That way there is no disease, only subjects that need further optimization.

There are a bunch of studies out there showing all sorts of ways that people have "cured" dyslexia. But not all approaches work on all people. So I suggest the shotgun approach: tinker with all the possible variables until you're happy with the results.

[Covering one eye works.](#) In some students, the eyes work against each other. Reading with special glasses that eliminate one eye have been shown to help.

[Background noise matters.](#) Find your sweet spot. Is it the coffee shop or soft jazz in your headphones? Or is it perfect silence?

[Head position matters.](#) Your head position matters. Some people saw drastic improvement just by changing their reading head position.

[Posture training helps.](#) Along the same lines as the head position, posture control also has been proven to help dyslexic children.

[Exercise helps.](#) Studies have shown that short exercise prior to reading has increased fluency.

Boredom matters. Are you or your students interested in what you are reading? It will always be easier when the subject is interesting, or seems important. We have to go back a long way to tie boredom to mental strain. In short, boredom literally creates stress.

Diet makes a difference. Diets lower in sugar, helped reduce erratic eye movements, which reduced reading impairments.

Self 2 is the reader. I stole this term from *The Inner Game of Tennis*. You may have a different name for it, but these kids need to be able to read without thinking about reading. The goal is an effortless flow of ideas from the author to the reader. We aren't

looking for the fastest way to get them literate. If it isn't effortless, or getting easier, they will find something else to do with their time.

Think about what you're reading, not what you're reading. The only purpose of the words is to convey ideas. When we have kids dissect words into their smallest parts, they disconnect from the intended flow. Kids are thinking about the words on the page or even letters on the page, not the thoughts on the page.

Changing fear into confidence. If you have struggled reading, it may become something that you fear or dread doing. Turning this dread into excitement comes with time and practice.

Let's get one thing straight: You have to learn to read. If you have several things working against you, you are going to struggle to learn. If we remove those obstacles, you aren't going to magically read, but you should learn faster. And read faster, once you learn.

For those of you who don't have dyslexia but are just looking to improve your reading, change something. Chances are great that there is more than one thing left for you to optimize.

Sources:

1. <https://www.sciencedaily.com/releases/2003/11/031110054404.htm>
2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5637968/>
3. <https://www.ncbi.nlm.nih.gov/pubmed/17676356>
4. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4498656/>
5. <https://www.wired.com/story/end-of-dyslexia/>
6. <https://medicalxpress.com/news/2011-11-dyslexic-adults-background-noise-high.html>
7. <https://www.dailymail.co.uk/health/article-4175/Eye-patch-help-dyslexia.html>
8. https://www.eurekalert.org/pub_releases/2006-12/uosc-ndt121306.php
9. <https://watermark.silverchair.com/sleep-32-10-1333.pdf?>
10. <https://dyslexiaida.org/the-dyslexia-stress-anxiety-connection/>
11. <https://dyslexia.com.au/free-dyslexia-learning/fun-dyslexia-facts/>
12. <http://www.yalescientific.org/2011/04/the-paradox-of-dyslexia-slow-reading-fast-thinking/>
13. <https://athome.readinghorizons.com/blog/50-interesting-facts-about-dyslexia>
14. https://www.nytimes.com/2010/03/14/magazine/14vision-t.html?pagewanted=all&_r=1&
15. <https://www.ncbi.nlm.nih.gov/pubmed/2644331>
16. <https://www.theguardian.com/education/2003/jan/21/schools.uk2>
17. <https://www.ncbi.nlm.nih.gov/pubmed/17557685>

MEDICINE

The best doctor gives the least medicine. -Benjamin Franklin

RETHINKING HIV

HIV stands for *human immunodeficiency virus*. It is the virus that can lead to *acquired immunodeficiency syndrome*, or AIDS, if not treated. Unlike some other viruses, the human body can't get rid of HIV completely, even with treatment. So once you get HIV, you have it for life.

HIV attacks the body's immune system, specifically the CD4 cells (T cells), which help the immune system fight off infections. Untreated, HIV reduces the number of CD4 cells (T cells) in the body, making the person more likely to get other infections or infection-related cancers. Over time, HIV can destroy so many of these cells that the body can't fight off infections and disease. These opportunistic infections or cancers take advantage of a very weak immune system and signal that the person has AIDS, the last stage of HIV infection.

[\[source\]](#)

How do we diagnose it?

We look at your blood and test for antigens or antibodies. There are all sorts of tests, but my main takeaways: just because you tested negative doesn't mean you don't have HIV. Also just because you tested positive doesn't mean that you have HIV.

Who gets HIV?

- **Prisoners.** In 2010, over 20,000 prisoners had HIV.
- **Drug Addicts.** People who inject drugs are 28 times more likely to get HIV.
- **Heterosexual Females.** They made up 19% of the new cases in 2016.
- **Gay males.** Gay men account for 70% of the new infections in the US.
- **People in southern Africa.** Far and away the most prevalent place for HIV.

Ok. So all of these people either have anal sex or drug addictions? Maybe you can buy into that. I'm going to keep asking questions.

Are there any other things that all these groups have in common?

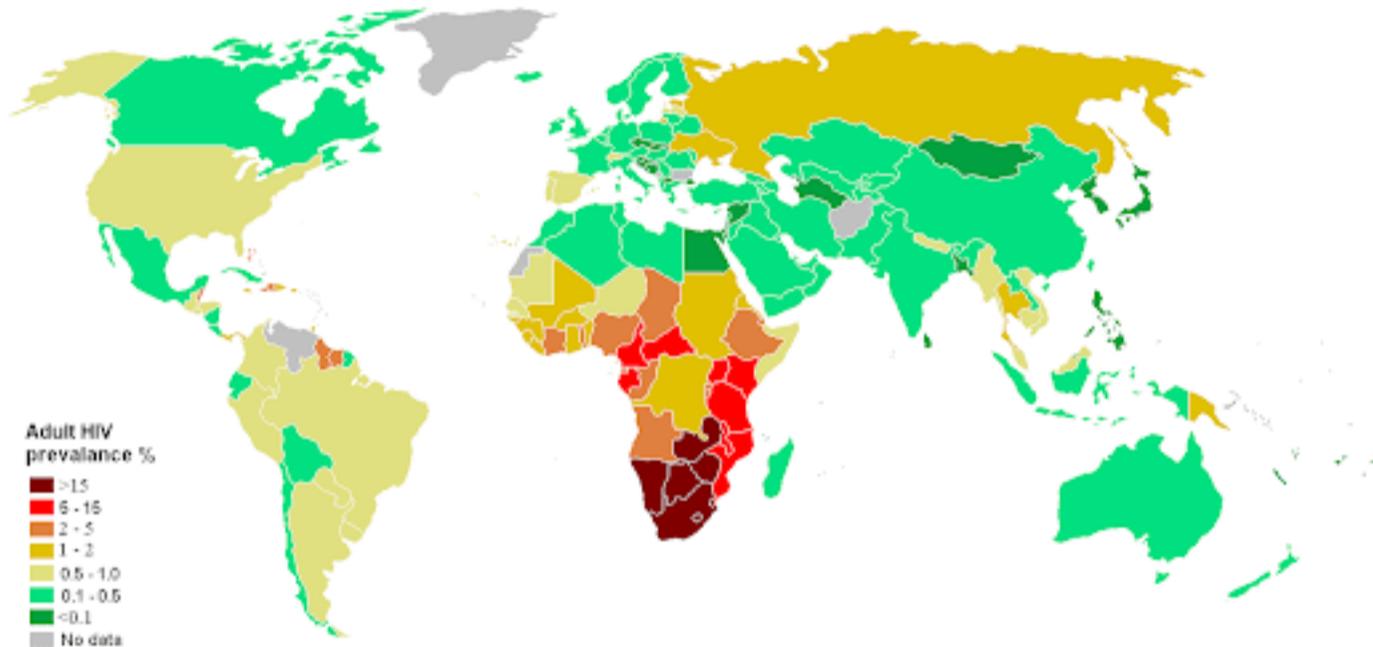
Yes. Malnourishment. These groups all have different reasons for being malnourished, but they all are. Or can be.

How would you explain the disparity between the black people getting HIV so disproportionately compared to other races?

A couple of different things. First off, they have lower body fat percentages than these other races. You know this already, but this [study](#) spells it out. That's really it. I was going to say socio-economic disparities would be the other thing, but in this day and age it has to be drastic to cause malnourishment. Like in Africa.

What is so unique about Africa that people get HIV so often?

[caption id="attachment_538" align="aligncenter" width="530"]



HIV Prevalence

Map[/caption]

It's a perfect storm of black people with low body fat and malnourishment. The economic and agricultural climate make it much more difficult to get and stay healthy, whatever that means.

So how do you explain the newborns with HIV in Africa?

They're born to HIV positive mothers. Those mothers are obviously passing along their nourishment to the child. I don't think there's a logical leap here. If the mother is malnourished, the children are likely to be malnourished. Here's a [study](#) looking at the weights of these new borns.

What about drug addicts?

You've seen these people. They do not look well. Many of these drugs are appetite suppressants, and they are often forced to choose between their next meal and their next fix.

But straight females get it too, right?

Think about it. Straight females are most likely to have a negative body image or suffer from anorexia or bulimia. People with [anorexia may develop immune deficiencies](#) that may alter T-cell populations. That's essentially what we call HIV.

Why do gay black guys get it so often way more often than any other subset?

A couple different reasons here: they start off with lower body fat percentages. They have malnourishment and/or body image problems. The gay culture is typically one of chiseled jawlines and thin waists. Maybe that's a stereotype. [Here's an [article](#) that digs into that part of gay culture.] Also worth noting, the receivers are much more likely to get HIV.

Why do old people get it more often?

We've covered my opinion on aging, so almost by definition now, the aging population is underweight or malnourished [see [How to age like white people](#)]. Because of this they are more vulnerable to immunity problems. 45% of Americans living with HIV were 50 or older. 27% were 55+, and 6% were 65+. In general, older people are more likely to get it. Here's an [article](#) that discusses it in more detail.

Before you call total bullshit, I didn't invent anything here. I used the data already collected over years of scientific research, and questioned the logic behind it. I am not saying that HIV/AIDS is not real. I am just saying that the cause of the lowered immune response should be questioned. It's hard to cure a disease when you don't know what causes it.

Sources:

1. <https://www.healthwellfoundation.org/fund/hiv-and-aids-wasting-syndrome-and-anorexia-due-to-hiv-or-aids-medicare-access/>
2. <https://www.webmd.com/mental-health/eating-disorders/news/20021211/eating-disorders-linked-to-immune-system>
3. <https://www.cdc.gov/hiv/statistics/overview/ata glance.html>
4. <https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics>
5. <https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/prisoners>
6. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4968570/> -lower body fat article
7. <https://diginole.lib.fsu.edu/islandora/object/fsu:183280/datastream/PDF/view>
8. <https://www.webmd.com/healthy-aging/guide/seniors-boost-immunity>
9. <http://discovermagazine.com/2004/feb/why-aids-worse-in-africa>
10. <https://academic.oup.com/cid/article/42/6/836/286703>
11. http://www.who.int/profiles_information/index.php/Swaziland:Food_safety_and_nutrition
12. <https://academic.oup.com/cid/article/42/6/836/286703>
13. <https://www.healthline.com/health/false-positive-hiv-test#prevention>
14. <https://www.cdc.gov/hiv/group/gender/women/index.html>
15. <https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/symptoms-of-hiv>

16. <https://www.avert.org/hiv-testing/whats-involved>
17. <https://www.npr.org/sections/goatsandsoda/2014/07/10/330217262/why-hiv-spreads-less-easily-in-heterosexual-couples>

Handling Hangovers

Hangovers are still largely a mystery to science. Let's use personal relativity and see if we can figure them out.

You know the symptoms:

- accelerated heartbeat
- anxiety
- bloodshot eyes
- body and muscle aches
- diarrhea
- dizziness
- halitosis (bad breath)
- headache
- hypersalivation
- flatulence
- lethargy, tiredness, fatigue, listlessness
- nausea
- photophobia (sensitivity to light)
- problems focusing or concentrating
- sensitivity to loud sounds
- depression (dysphoria)
- irritability
- moodiness
- stomachache
- thirst
- trembling or shakiness, erratic motor functions
- vomiting

Why would you have to pee more on a night out?

Obviously because you've been drinking. But that's not the only reason. If the mind is stressed, and brain entropy is increased, time dilates, and you'd obviously need to urinate more.

How could alcohol effect sleep quality?

By creating brain entropy, it increases the amount of time that the drinker needs to sleep. So if they sleep their normal amount of time, they could feel tired.

Why do diabetics have worse hangovers?

In looking at my first post about diabetes, they have more starting [brain entropy](#). Because of this, they get hungry more often and have [high blood pressure](#). Their bodies

are far from equilibrium anyways, so adding alcohol to the picture is just going to make things worse.

Your body is completely capable of eliminating the alcohol from your system. It takes longer than it used to because your body is not as efficient as it used to be.

Is a food hangover different than a regular hangover? Maybe. Maybe not.

If you're like me, you feel bad in the morning when you gorge right before bedtime. It literally feels just like a hangover to me.

It's just like a bunch of the different topics we've covered. The purpose of non-REM sleep is to settle out your brain entropy, essentially. The more you eat or drink right before bed, the higher your brain entropy, and the longer it will take for your brain to "zero" out. Of course, longer in this since is in relative time. So let's just say that you'll probably need more sleep than you're used to, and if you don't get it, you'll feel like crap.

As you know, it takes time for your body to process and digest the food and drinks in your system. What you may not be aware of, is that you control the time that it takes. Since we've proven that you control your own [aging](#), [metabolism](#), and even [sunburn](#) due to your perception of time, we can also say that you control your hangover recovery.

When your metabolism was faster when you were twenty, you probably didn't even know what a hangover was. The speed of your metabolism paired with how much alcohol is in your system is what determines if and how long you'll hurt.

Why don't some people get hangovers?

Their body and mind is closer to it's ground state, and removes alcohol from its system faster than yours or mind. If this is the case, they'd also likely need less sleep than you.

The other option is a little more depressing. It's that they don't actually feel any different than you do, but it's just how they feel most days. So the alcohol doesn't raise the stress in their lives. Their base entropy is similar to yours when or after you've been drinking. You call it a hangover. They call it a Tuesday.

Your body is fully capable of recovering from alcohol consumption.

The older you are, the longer it takes to recover. [Related, you are also more likely to have [diabetes](#) or high blood pressure.]

The more that you consume, the longer it takes you to recover. This is obvious. Whatever is left in your body at the end of the night, needs to be processed by the next day.

Where does blood sugar come into play?

Low blood sugar is one of the main causes of fatigue and weakness from your hangover.

Your blood sugar is typically very low the morning after your big night out. You know why. You stress your body and slow down time, you use more energy doing the same things. And chances are great you're not eating a whole lot when you're getting rowdy.

How do we speed up recovery?

First, raise your blood sugar. Drinking that Gatorade is a great place to start.

Then, slow down brain activity. What does that? Reading a book. Sleeping. Meditating. A light workout. Water is not going to hurt, but it's not going to solve all of your problems either. *Tylenol may mask some of the symptoms, but if you have a headache because your blood sugar is 16, you'd rather deal with that headache until you can figure out what's going on.*

So alcohol is just another factor that raises brain entropy. How fast your body processes it is up to you.

Sources:

1. <https://www.health.harvard.edu/blog/this-is-your-brain-on-alcohol-2017071412000>
2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3827719/>
3. <http://alcohol.addictionblog.org/how-long-does-alcohol-stay-in-your-system/>
4. [https://en.wikipedia.org/wiki/Alcohol_\(drug\)](https://en.wikipedia.org/wiki/Alcohol_(drug))
5. https://www.huffingtonpost.com/entry/why-your-hangovers-get-worse-as-you-get-older_us_58c02856e4b054a0ea66cedd
6. <https://www.smithsonianmag.com/science-nature/your-complete-guide-to-the-science-of-hangovers-180948074/>
7. <https://www.independent.co.uk/life-style/health-and-families/hangovers-worse-age-why-drinking-alcohol-recovery-body-fat-composition-liver-enzymes-a8196781.html>
8. <https://www.shape.com/healthy-eating/diet-tips/junk-food-hangover-explained>
9. <https://www.google.com/amp/s/www.elitedaily.com/wellness/4-signs-may-suffering-food-hangover-yes-thing/2031196/amp>
10. <https://www.nbcnews.com/health/body-odd/hangovers-really-do-get-worse-we-get-older-heres-why-n1981>
11. <https://www.wired.com/2014/05/hangover-cure/>
12. <https://americanaddictioncenters.org/alcoholism-treatment/mental-effects/>
13. <https://pubs.niaaa.nih.gov/publications/aa63/aa63.htm>
14. <https://en.wikipedia.org/wiki/Hangover>
15. <https://www.medicaldaily.com/how-alcohol-abuse-affects-women-differently-men-greater-risk-anxiety-heart-415494>
16. <https://www.scmp.com/lifestyle/health-beauty/article/2117073/five-reasons-why-hangovers-get-worse-you-get-older-and-what>
17. <http://www.mydr.com.au/addictions/hangovers-how-your-body-is-affected>

ED is a brain disease

You've heard the [story of Viagra](#). It started out as a blood pressure drug, and doctors noticed that it was having consistent positive side effects in men.

The question is why. If [high blood pressure starts in the brain](#), what did this drug do that helped men...perform?

If Viagra helps relax men and gets them closer to their ground state, why don't we all just take it daily? Because it has side effects. And that is no way to function day in and day out.

Here are the causes of erectile dysfunction, according to the Mayo Clinic:

- Heart disease
- Clogged blood vessels (atherosclerosis)
- High cholesterol
- High blood pressure
- Diabetes
- Obesity
- Metabolic syndrome – a condition involving increased blood pressure, high insulin levels, body fat around the waist and high cholesterol
- Parkinson's disease
- Multiple sclerosis
- Certain prescription medications
- Tobacco use
- Peyronie's disease – development of scar tissue inside the penis
- Alcoholism and other forms of substance abuse
- Sleep disorders
- Treatments for prostate cancer or enlarged prostate
- Surgeries or injuries that affect the pelvic area or spinal cord

Psychological causes of erectile dysfunction

- Depression, anxiety or other mental health conditions
- Stress
- Relationship problems due to stress, poor communication or other concerns

Whoa. We've posted about almost all of these disorders. What does it all mean? It means that the only obstacle between you and a great sex life is you.

Most of these disorders [originate in the brain](#), whether or not we know it yet. *You may need to take a look at my archived posts.*

Remember: There was a time when everything worked properly, and it's not too late to get back there again...without medication. Your health and sanity depends on it.

So what is the next step?

Identify the root of your problems. Identify your stresses, and confront them head on. The solution is different for everyone, but the condition is reversible. The fact that your penis doesn't work is not your main problem. It's a symptom of the stress in your life keeping you from reaching your ground state, where you were meant to be.

Curing Alzheimer's

I'm sure you haven't read it, but a while back we did a [logical proof](#) comparing schizophrenia and Alzheimer's. In that post, we logically theorize that schizophrenia and Alzheimer's are the same disease. And because some people have had remission from Schizophrenia, Alzheimer's should be curable as well.

Blind people don't get schizophrenia. Not one recorded case. The question is why? Why would people who can't see be immune to this type of crazy? Because they are immune to vision issues. As we've mentioned in multiple other posts, mental strain causes refractive errors and is a symptom of brain entropy. Because the blind never see, they never have the ability to see incorrectly, in a way that produces mental strain. Left untreated, this strain can lead to sleep problems, high blood pressure, diabetes, depression, and all sorts of other things including schizophrenia.

So if blind people don't get schizophrenia, and schizophrenia is Alzheimer's, could we cure Alzheimer's with blindfolds? I don't think it will be that simple, but essentially...yes.

And why do I think that it will work?

[Comas were used decades ago to cure schizophrenia.](#) There were huge risks, but there was some success. Some people died. The rest got really fat.

Many Alzheimer's patients go into comas before they die.

People with Alzheimer's have more mental strain than any other group of people. They are far enough from their equilibrium, that sleep does not help them any more. Stress has been building on them throughout their lives, and they likely have a wide variety of health issues that start in the mind. We've shown how high blood pressure, diabetes, kidney disease, and many others all start with the same sort of mental strain.

The biggest issue I see with inducing blindness [in some manner] as a cure, is that all the medication taken by the individual will skew results. The goal here is to essentially zero out the brain, and that is impossible with drugs in your system. So the less meds the better.

Twenty-four hours without sight should be enough to gauge results. If you start seeing improvement, continue as needed. If you decide to try this with yourself or a family member, please remember that nothing we're doing here can do any permanent damage to your eyes or brain. You still have a fully functional brain. You always have.

Check out [this study](#). The shotgun approach actually worked for UCLA. You can read their notes on it. They have no idea why. They had their subjects diet and exercise, go to counseling, and worked on stress management. Here's why it worked:

Because they finally started addressing some of the major issues at the root of the disease. As they lowered their stress levels and improved their diets, they began to finally move the needle on the patients brains. The major difference not mentioned in this study,

keeping these patients from true equilibrium is their eyesight. It's really just a symptom of brain distortion, but it makes it much harder to stay healthy if you try to operate without your barometer.

There's never going to be a pill or vaccination to cure Alzheimer's. The answer lies within you.

Here's your Alzheimer's Protocol:

1. Go outside
2. Move
3. Relax
4. See better
5. No meds
6. Doubt your fears
7. Do something new
8. Talk to a counselor
9. Blindfold yourself

Sources:

1. <https://www.sciencefriday.com/articles/from-fever-cure-to-coma-therapy-psychiatric-treatments-through-time/>
2. <https://www.brightfocus.org/alzheimers/symptoms-and-stages>
3. <https://www.webmd.com/brain/coma-types-causes-treatments-prognosis#3>
4. <https://qz.com/977133/a-ucla-study-shows-there-could-be-a-cure-for-alzheimers-disease/>

Concussions Resolve Themselves

Because they are mini-strokes.

So how in the world are we going to try to relate these two events? It's simple, if you accept some of my other proofs. But if you don't, I would just stop reading right here. Here are the prerequisites to understanding this correlation:

- [High blood pressure starts in the brain](#)
- [Entropy and the Brain](#)
- [Here's Your Brain Model](#)
- [Concussions do not cause CTE](#)

What are the symptoms of a mini-stroke?

- Weakness or numbness in your arms and/or legs, usually on one side of the body
- Dysphasia (difficulty speaking)
- Dizziness
- Vision changes
- Tingling (paresthesias)
- Abnormal taste and/or smells
- Confusion
- Loss of balance
- Altered consciousness and/or passing out

What are the symptoms of a concussion?

- Headache or a feeling of pressure in the head
- Temporary loss of consciousness
- Confusion or feeling as if in a fog
- Amnesia surrounding the traumatic event
- Dizziness or "seeing stars"
- Ringing in the ears
- Nausea
- Vomiting
- Slurred speech
- Delayed response to questions
- Appearing dazed
- Fatigue

What are the causes of a mini-stroke?

- Blood pressure readings higher than 120/80 millimeters of mercury (mm Hg)
- Cigarette smoking or exposure to secondhand smoke
- High cholesterol

- Diabetes
- Obstructive sleep apnea
- Cardiovascular disease, including heart failure, heart defects, heart infection or abnormal heart rhythm
- Personal or family history of stroke, heart attack or transient ischemic attack.

Other factors associated with a higher risk of stroke include:

- Age – People age 55 or older have a higher risk of stroke than do younger people.
- Race – African-Americans have a higher risk of stroke than do people of other races.
- Sex – Men have a higher risk of stroke than women. Women are usually older when they have strokes, and they're more likely to die of strokes than are men.
- Hormones – use of birth control pills or hormone therapies that include estrogen, as well as increased estrogen levels from pregnancy and childbirth.

We've studied almost all of these different causes and can tie them all back to the brain.

[The hormones and sleep apnea posts are coming soon.]

Concussion Causes: Impacts to the head

The only symptom that really needs explanation is nausea, and that is a factor of strokes that just seems to not be included in most lists. But then I found this:

A stroke that takes place in the cerebellum can cause coordination and balance problems, dizziness, nausea and vomiting.

So if you can wrap your head around the prerequisites, I can neatly tie these together. A stroke literally happens when the pressure of your brain gets too high. What happens to the pressure inside a closed sphere if you impact it with something at high speed? Pressure goes up dramatically. The greater the force of the impact, the higher the pressure gets.

So what's the major take away here? Mini-strokes resolve themselves and do not require any further medical attention. They do not cause any long-term damage. Meaning that concussive blows should resolve themselves within twenty-four hours, and if there are no symptoms, the brain is fine.

Sources:

1. <https://www.utdallas.edu/research/FAS/>
2. <https://www.mayoclinic.org/diseases-conditions/stroke/symptoms-causes/syc-20350113>
3. <https://www.utdallas.edu/research/FAS/>
4. <https://www.webmd.com/stroke/news/20100415/can-you-recognize-symptoms-of-minor-stroke>

OTHER APPLICATIONS

Why Do We Yawn?

People yawn when they are getting tired typically, but why?

The restorative process of sleep lowers the brain entropy by lowering the biological processes and increasing airflow. As the day pushes on, you literally build pressure. For the same reason you get [shorter over the course of the day](#). You create more disorder in your brain as the day wears on. The yawn is essentially a deep breath that maximizes the airflow and decreases the brains temperature and pressure.

[This is why breathing pure oxygen doesn't eliminate yawning](#). It doesn't address the problem.

People also yawn when they are bored. Can we explain this?

If we go back to [William Bates' book on eyesight](#), boredom actually creates mental strain. And we know that mental strain changes your vision. And we know that vision changes are just a symptom of brain entropy. And your yawn is just a way to counteract all that.

If that's true, why are yawns contagious? Or are they?

It's safe to say that they are contagious. But the jury is still out as to why. I was first going to say that it's a reflex after seeing someone else yawn, but blind people do it too-when they hear someone yawn.

So just like when you see someone drinking, you consciously or subconsciously do a self check to see if you're thirsty. When you see [or hear] someone yawn, you do a self check regarding the entropy or temperature of your brain. If it's too hot or chaotic, you yawn.

People with Autism are less likely to yawn contagiously.

Because that's what makes them Autistic in the first place. They operate with higher levels of brain entropy. It's the same reason they they die so much sooner. They are so far from their equilibrium point, that they experience time in a completely different manner. Well not completely, just shorter. [It's also why they are so much more likely to drown](#).

So no, they are probably not going to yawn contagiously. Because they have built an identity around the pressure that the yawn equalizes.

Sources:

1. <https://kids.frontiersin.org/article/10.3389/frym.2017.00052>
2. <https://kidshealth.org/en/kids/yawn.html>
3. <https://www.healthline.com/health/why-do-we-yawn#see-a-doctor>

4. <https://www.ncbi.nlm.nih.gov/pubmed/3120687>
5. <https://www.psychologytoday.com/us/blog/the-athletes-way/201403/why-is-yawning-so-contagious>
6. <https://www.factretriever.com/autism-facts>

Solving the Gender Mystery

The next time you go to a gender reveal, this may give you the leg up on which color cupcake to eat. Or maybe you'll go to great lengths to try to swing the odds in your favor. Truth is, a lot of people have spent a lot of time trying to figure this puzzle out.

I formerly thought that when a tendency to produce the two sexes in equal numbers was advantageous to the species, it would follow from natural selection, but I now see that the whole problem is so intricate that it is safer to leave its solution for the future.

Charles Darwin

Well, what do we know about this strange phenomenon?

- Billionaires have more sons.
- After wars, many more sons are born.
- **More men are born in China.** Way more. To the point where they are taking drastic measures to equalize their gender birth ratios.
- Famine causes a drop in male birth.
- Older parents are more likely to have daughters.
- If you have brothers, you are more likely to have boys. If you have sisters, you are more likely to have girls.

So can we neatly package all this into one great theory? Eh...kinda. We know that the father contributes [according to the genetic model] the X or Y chromosome, meaning he would determine the eventual sex of the baby. In looking at the strange facts above, the conditions with less stress produce more boys. So the more you reduce stress, the better chance you have of having a boy.

Think about it.

A famine raises stress. After a war, people are at peace. Billionaires have an unusual amount of comfort in their lives. The diet and lifestyle of those in China and eastern Asia is very different than most of the rest of the world.

Older parents would parallel our proof on [Down Syndrome](#). As parents grow older, they have greater brain entropy, which increases their odds in having a girl.

If you have brothers, you'll have boys. This is a little trickier to explain. But in short, you'd inherit the mindset from your father. It sounds like science fiction, but we already say that anxiety or depression can run in families. I'm not arguing with that. [I'm arguing that these people were not plagued to be unhappy or anxious from the beginning. And that their misery is reversible.]

Short answer: higher [brain entropy](#) [in dads] makes more girls. Don't misread. It's not only girls. It just tips the scales in your favor. Billionaires have boys 65% of the time. Give me those odds in blackjack and I'd play all day long.

Here's my take on it: The desired result would typically favor boys. To carry on the family name, to continue the dynasty...whatever. The more stress that is introduced to the lives of the parents, the more unstable that household becomes. By having the more unstable families produce more girls, you actually make the world a better place. If the most stressed parents produced the same amount of boys, we'd naturally trend to a more and more unstable environment for our kids. Men were designed to be the leaders of the households, and those closer to their ground states are more likely to have boys.

Additionally, the people with the most stress in their lives [furthest from their ground state] may not be able to get pregnant at all. It will take us to a human evolution mechanism that we will explore later.

Sources:

1. <https://www.ncbi.nlm.nih.gov/m/pubmed/19435018/>
2. <https://www.google.com/amp/s/www.psychologytoday.com/us/blog/the-scientific-fundamentalist/201104/why-are-older-parents-more-likely-have-daughters%3Famp>
3. <https://www.google.com/amp/s/www.independent.co.uk/life-style/health-and-families/health-news/smoking-couples-more-likely-to-conceive-a-girl-5362024.html%3Famp>
4. <https://www.google.com/amp/s/www.independent.co.uk/news/strong-woman-chances-are-youll-have-a-boy-1136674.html%3Famp>
5. <https://www.telegraph.co.uk/news/health/news/8830036/Stressed-women-more-likely-to-have-baby-girls.html>
6. <https://www.google.com/amp/s/phys.org/news/2008-12-boy-girl-father-genes.amp>
7. <https://www.independent.co.uk/life-style/health-and-families/features/its-a-boy-the-science-of-gender-selection-814626.html>
8. <http://www.bbc.com/future/story/20161014-why-billionaires-have-more-sons>
9. <https://www.theguardian.com/world/2011/nov/02/chinas-great-gender-crisis>
10. <https://www.medicalnewstoday.com/articles/322368.php>
11. https://en.wikipedia.org/wiki/Sex_selection
12. <https://www.google.com/amp/www.pewresearch.org/fact-tank/2013/09/24/the-odds-that-you-will-give-birth-to-a-boy-or-girl-depend-on-where-in-the-world-you-live/%3Famp%3D1>
13. <https://www.sciencedaily.com/releases/2008/12/081211121835.htm>
14. <http://theconversation.com/mondays-medical-myth-you-can-control-the-sex-of-your-baby-12896>
15. <http://discovermagazine.com/2013/nov/08-sex-ratios>.

Sneezing Solved

There's not a whole lot to debate here. Sneezing typically expels foreign objects from the nasal passages. Simple enough, but, as always, there are some cases that just don't seem to fit:

- The sun makes some people sneeze.
- Some people sneeze after orgasm.
- Most people sneeze when they're sick.
- Allergies make people sneeze.

So for allergies and colds, a sneeze is basically a reflex to the mucus or congestion that is there in the first place. So it makes sense that you would sneeze when your nose is irritated. But why is the mucus there in the first place? Well, the mucus and congestion restricts air flow, which would cause the pressure of the system [your brain] to rise. So is a cold just low brain pressure?

People do get sick when they go to high altitudes. Why does that matter? Because that's the same as taking your brain to a lower pressure environment.

We also get sick most frequently when it's cold outside. So if it gets cold suddenly, the brain pressure may be low. Think about your tires in cold weather. The only difference is that your tires can change volume, your brain can't.

Why in the world would you sneeze after an orgasm?

I think it's safe to say that an orgasm is relaxed as you'll be in any given day, aside from sleeping. We've correlated brain activity to stress, so the lack of brain activity would coincide with relaxation. And if stress means high brain pressure, relaxation means low brain pressure. If the change in pressure is too great, it could simulate a pressure event in your brain similar to a cold, so you would sneeze to expel air and normalize pressure.

Why would you sneeze during or after a workout?

See previous answer.

If that's true, why does the sun make some people sneeze?

First off, this condition only affects 18-35% of the population. More interestingly, white people make up 94% of the sun sneezing population.

Let's go back to Bates. Didn't he say something about sunlight?

Sunlight relaxes the mind? Yes. That's where it all started. Bates used to have people stare directly into the sun, and claimed that it helped their vision. I'm not saying that. Let's just say that the sunlight relaxes you. Find your own study here. Or read [my article](#) on how to improve your vision, and how staring off into a single point at a distance helps relax your mind.

So pick your own reason why. The sun relaxes your mind. Period. And with that assumption:

If we can assume that sunlight relaxes the mind, a stressed mind would be considered high pressure. You're stressed at school, and you walk outside. The sun, the outdoors, the distance-whatever- relaxes you. It lowers your stress, and decreases the temperature and pressure of your brain. Since your brain's reflex is to normalize pressure, the fastest way to re-pressurize is to expel air. So you sneeze.

Sources:

1. <https://www.webmd.com/allergies/features/11-surprising-sneezing-facts#1>
2. <https://www.quora.com/Why-do-people-sneeze>
3. <https://en.wikipedia.org/wiki/Sneeze>
4. <https://thepip.com/en-us/2016/06/improve-your-mood-reduce-stress-with-sunshine/>
5. <https://www.webmd.com/a-to-z-guides/altitude-sickness#2>
6. https://en.wikipedia.org/wiki/Bates_method#Sunning

Proving the Afterlife

Energy cannot be created or destroyed. It's the first law of Thermodynamics. And it's important here.

What else do you need to know? That the soul exists, and it's pure energy. We know that your mind and body don't go anywhere when you die. We can see that. But there is one function of human consciousness that we don't observe: how fast we're vibrating. [\[Yes, you read that right\]](#)

So if we can assume that the soul exists, and it is pure energy. Literally a frequency and a magnitude. If your soul is pure energy, and energy cannot be created or destroyed, there is an afterlife.

And the craziest part of all, is that we control the speed that we vibrate. The more stress you put on the human body, the faster it vibrates and the faster it ages. You have a unique frequency, and a unique amplitude, and it's made up of the stresses that have made you who you are.