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Modern Medicine and Surgery: Biological and IT Transfer of Consciousness in Treatment of Spinal Cord Injury

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ABSTRACT

Spinal cord injury is a significant cause of morbidity worldwide, with associated significant reduction in quality adjusted life years. Contemporary techniques have been explored for spinal cord injury for perhaps thirty years or more yet to date there have been no widely accepted cases of curative success.
This paper delineates the potential for downloadable and transferable consciousness to be utilized in pursuit of restorative repair of spinal cord injury.

Key words: *Spinal cord injury (SCI), Consciousness.*

1. INTRODUCTION

Spinal cord injury (SCI) is a significant cause of morbidity worldwide, with associated significant reduction in quality adjusted life years (QALY) (AAOS, 2016; Eck & Marks, 2016; EUSTC, 2015; Fehlings, 2012; Kumar & Clark, 2016; Ronaghi, 2010; Saladin, 2001). Contemporary techniques have been explored for spinal cord injury for thirty years or more yet to date there have been no widely accepted cases of curative (restorative) success (AAOS, 2016; Eck & Marks, 2016; EUSTC, 2015). Early signs of promise have been demonstrated in techniques including stem cell therapy but scientists and medical doctors have not yet been able to translate this into restorative success (AAOS, 2016; Eck & Marks, 2016; EUSTC, 2015; Kumar & Clark, 2016; Ronaghi, 2010; Vawda, et. al. 2012).

The purpose of this paper is to explore the potential for downloadable and transferable consciousness to be utilized in pursuit of restorative repair of spinal cord injury. Both advanced IT transferable consciousness is discussed in addition to primitive avenues including biological facilitated transfer utilizing microorganisms including bacteria.

2. Research delineation

Advanced transferable consciousness

In line with the predicted advent of downloadable consciousness, an approach would be represented by development of an implant to transfer the consciousness of the CNS from an area higher than the SCI to an area subsequent to the SCI (or, traversing through it). An approach based on this type of transfer of consciousness would need to take into account anatomical considerations. Given that a person appears, from an external perspective, unconscious if either suffering brainstem damage or widespread cortical damage (Kumar & Clark, 2016; Lindsay et. al., 2010; Talley & O'Connor, 2014) the commencement (point of origin) of the implant may have to be at the level of the brainstem or higher and insert into a site at a location below the SCI (or, traverse through it), although it is noted that all cells may possibly contain some degree of consciousness. Whilst this may seem some time away, there is optimism in programs of USA revolving around mind mapping (BRAIN Initiative) that could potentially merge to further facilitate the progress of restorative SCI repair (Pappas, 2013; WH, 2014). Other indications that it would not seem unrealistic to commence conceptualization of the application of such technology: There exists corporate pursuit of downloadable consciousness technology (Lanaria, 2016).

Biological transfer of consciousness: electrical communication transfer

Given the above may be some time away, a more primitive electrical communication transfer would seem reasonably argued as achievable through the concepts detailed by the current author in previous reports in respect of the ion channel communication able to be achieved through strategic use of bacteria (and possibly other microorganisms), by way of mimicry of neurons by bacteria (Raymond, 2016 a; Reilly, 2015; Raymond, 2016 b). Bacteria have been shown to mimic neurons, specifically mimic the ion channel electrical communication that neurons (for instance, neurons nearby) are performing (Collins, 2016; Frew, 2016; Reilly, 2015). The method of restorative and curative SCI repair therefore involving bacteria therapeutically guided to be in attachment to an area at the level of the brainstem or higher and mimic the ion channel electrical firing (activity) of the neurons of interest, also in contact with an implant that contains a scaffold with bacterial culture (or, other electrical transfer medium) that travels to a site subsequent to the SCI (or, traverses through it) to communicate with bacteria that are therapeutically attached to the given neurons of interest (for instance, motor and sensory) that were previously deprived by the SCI.

The above has previously been detailed to some extent in Imperial Journal of Interdisciplinary Research (IJIR) and is extended on here. The scaffold, if containing bacterial culture mimicrying neurons, could then be filled with either stem cells (for instance ESCs or NPCs) or three-dimensional printed neuronal cells which gradually develop their function as nerve tissue neurons (forming a nerve) by way of learning to perform their function from the bacteria which are in mimicry of the CNS neurons. Given one important cause of failure of stem cell treatment to achieve restorative repair of SCI (additional to glial scarring and inflammation) is represented by failure of the developing nerve to learn and attain its function (Raymond, 2016 b), this may represent an avenue for overcoming the obstacle. Further research would be worth undertaking to ascertain how the bacteria could be removed once the nerve had matured, developed and attained its function, for instance by way of application of carefully guided antimicrobial therapy.

The above being said, the more basic (primitive) method detailed by the current author in the previous report of IJIR simply utilizing the bacteria culture or another electrical transfer medium in the scaffold between the two attachment sites may be first worth fully exploring as sufficient by itself.

3. New understanding contributed to the medical profession

This research manuscript in addition to that published in IJIR contributes definite new knowledge, namely the use of transferable consciousness in pursuit of restorative repair of SCI. Advanced IT transfer of consciousness was first discussed. A more primitive method utilizing biological facilitated transfer of consciousness was then discussed and this was then further detailed to an advanced level involving biological facilitated guidance of development and attainment of function with respect to nerve tissue for researchers remaining interested in achieving restorative success by way of methods including stem cell therapy (and three-dimensional printing). Further guidance is provided in the initial publication released in IJIR.

4. Ethical considerations

The current author would be of the opinion that careful consideration first be put before community and ethics committees with respect to the methods detailed above based on issues including the possible low-level consciousness of certain biological agents (example, microorganisms), as detailed previously by the author (Raymond, 2016 c).

One further point noteworthy is the link between microorganisms and mental

illness as detailed in an upcoming manuscript by the current researcher. Of note is the possible connection between the mimicry of neurons by bacteria which send their electrical activity (firing) as digital form of the "yes / no" type and the potential for this to be implicated as in connection with the development of the injurious "black/white" thinking patterns in psychiatric illnesses including bipolar and that of the autism spectrum.

5. CONCLUSION

SCI is a significant cause of morbidity worldwide, with associated significant reduction in QALYs. Contemporary techniques have been explored for SCI for perhaps thirty years or more yet to date there have been no widely accepted cases of curative success.

This paper has contributed to the knowledge base (and scientific progress) of the medical and surgical professions through exploring and detailing the potential for downloadable and transferable consciousness to be utilized in pursuit of restorative repair of spinal cord injury.

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Biographical Notes

The author (researcher) of the current report, Dr Simon Raymond MPH, is a consultant (specialising in medical and scientific research) and an Alumnus of Melbourne University (Rank of Number 1 in Australia and Number 33 in the World). The above stated researcher is also qualified as a statistical analyst (qualitative and quantitative), has acted as a reviewer for the respected Medical Journal of Australia, has received invitations internationally to review from prestigious medical journals including JAMA (Journal of American Medical Association) Network, received award in recognition of his research by Royal Australasian College of Surgeons (PSC, 2006) and invited to conferences internationally including USA and China as an official delegate and researcher. Dr Simon Raymond has acted as the principle researcher in the highest powered form of medical trial-Randomised Controlled Trial (RCT). The above stated researcher is also a member of the Golden Key International Society for honoured and outstanding academics and has been cited as a notable global leader.

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