

The Future: A Complete Theory of My Muscles

December 2020—December 2022

*Just Between You And I: The Author's
Foreword*

To put a long paper and an even longer story stretching back decades, into the fewest possible words, I moved myself internally and entirely to the left all by myself. This paperish book is my attempt to show how I did this, what I did, (who, when, and where are largely irrelevant for these sorts of questions are easily answered by these sorts of statements: I did, here, and now), and as for the why questions, I would like to use a quote from the first philosopher to teach me something I did it “for no determinate reason, solely ‘because I wanted to do it’”. There only two possible results of this movement. (1) it kills me. Or, (2) through a unity of conflicting wills, and without any external source, I have accomplished an act which I have done for no determinate reason other than I wanted to do it, and through this act I have cured a genetic or at least relieved a condition that has caused an inarticulable amount of suffering in solitude over the course of my life. However, neither of these options takes away from the claim that I moved myself.

In fact, this process was most like a self birth that has for me happening *eternally* throughout my lifespan, always progressing and always getting better, and I believe will end with a unified, peaceful life. But as for this self movement I think that it can be said more stupidly by saying that I caused, a cause causing the cause of the cause that the cause is. This book does not speak this way nor does it focus on the ramifications nor does it focus on the significance of these claims but simply the act and the associated questions of how and what, because I am sure this is an act that I am sure you may find hard to believe.

I write this paragraph on 30 September 2021. I want to let you know that this book is not a standalone document. There are many files associated with this book that you may have access

to, if you are my friend, but if you are not my friend, you hopefully won't and will have take my word for some of the claims in this book. I do know computers can be hacked, so this may be no shock to you, but it's difficult to know if it the case and harder to know who, to what extent, and this similar for other associated concerns, and besides I genuinely don't care if anyone actually has. But suppose such a perverted weirdo has done such a thing, then the photographs, videos, and various other writings are the evidence that this, supposed reader, will (or would) probably find to be all the more telling. As to you legitimate readers, I hope that you will be not be too hasty a judge as to dismiss the significance of the event, or extent of this book, for everything deserves its day in the sun, and some of us, we only get one.

I also trust that since I have trusted you enough to see this: that *you will* read it through with *the principle of charity* in mind, as well as that you will read it through to the *end* along with *all* the associated files and writings if you have them. If do not plan to this then stop reading here. For this book and the relating empirical evidence as well as the good reasons which are not found in this book can only be considered sure and certain by them all being taken together, and that is what assures its indubitability; for it does not rest on a single statement, video, picture nor anything but my biology — the words, videos, and pictures can at best give you but a semblance of my nature, which I alone can truly know.

Moreover, be respectful! do not look for any phycological tell in this document, but I will show a brain scan in section 8. My brain is fine, no one could see anything wrong with it because my pathology is one that is reducible only to my muscles. For they are to be the sole focus of you reading and viewing. And besides, should phycology be seen as a real scientific discipline. And is the truth is psychiatry nothing but this: drugs affect behaviour. So, if you are so inclined to favor either pseudoscience, then go do what these specialists do best and go see the perverse

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worst part of everyone, define all that is human in terms of pathology and then act like a expert in being normal and wrongly believe statical syllogism portray the real world and that they are useful and good, but do not read this book.

Abstract

Over the past twenty-three years I have been exercising in a conscious attempt to cure the disease that plagues me; in two-thousand and fourteen, I had a breakthrough. Now, after all of that time, I am finally ready to make this claim: I am on the verge of curing an incurable disease with practically nothing but my freewill, perseverance and agency in order to simply move myself. The following document is my best attempt to formally prove these claims. However, this book is accompanied by the *Document on My Muscles* video project as well as the Notes on *My Muscles* notebooks. Together these three bodies of work show how I have been saving my own life almost completely without help, and more often than not, despite the medical systems pseudo-treatments, which barely help and often worsen my condition. The beginning of this book is my attempt to contextualize the workouts; the latter half is an attempt to report what is actually going on and how this movement is possible. There is an element of unknowability to this work. This is the case because I only have access to my own first-person experience, which while it is better and more accurate than any third-person accounts, it is, nevertheless, limited to what I can sense and feel. But if this fills you with skepticism, then I would also like to remind you that the first-person account of things is all that you have access to as well. However, it is incomplete at best, but still, it gives me what is happening and that a cure is possible and does so with some reliability and precision but lacks the “objective” nature that our contemporary culture values above all else; although sadly, what it gives me, it does not do so in your terms.

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§1

Introduction

The following paper is a justification for the cure for the disease currently known as slow-channel congenital myasthenic syndrome. It is also a demonstration. However, while I do not profess to know the original cause of the disease, two important theories of the disease's causation will be discussed in a non-formal manner. It is not my intention to determine the absolute cause of the disease. To find a cause (efficient) of it is largely trivial. What matters is the decision, the action, the scission, and the unifying process of this long, painful, and arduous ordeal; therefore, what my intention is for this book, considered generally, is first to contextualize my disease, then to prove what I have done to treat my disease.

In this book my first objective, considered more particularly, is to call into question the very name of the disease "slow-channel congenital myasthenic syndrome," otherwise known as "slow-channel congenital Myasthenia Gravis," and then further, I will proceed to examine two possible causes of the disease. I will analyze the progression of the disease from my birth to two-thousand and fourteen. After which I will discuss my original way of treating the disease, which will be followed by my simple final methodology that I have developed for the treatment of my disease and ultimately its potential cure unless I am mistaken and it causes my death. Moreover, this paper features several large diagrams which are my attempts to articulate the current state of my muscles in two-thousand and twenty A.D (C.E.). these diagrams are intended to show the direction my muscles generally want to move towards and the relative strength of them; they may or may not be included in this book. They are intended to show the results of my treatment when they are compared with the me of now. Closing off this book, I will list the dangers of the treatment along with the disease itself, ultimately concluding that my treatment has a strong

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potential to not just elevate symptoms but to eliminate them. Therefore, allowing me to make the bolder claim, if a disease is nothing but a collection of symptoms with an underlying cause and every symptom is resolved, then because one can no longer discern the disease, the disease is thereby cured.

Some additional considerations are as follows: despite her suffering from the same disease, this paper will not focus on my mother, but rather the author will be the sole focus of this paper; all the evidence and data that the author is about to present comes from their own first-person perspective, or from medical records*, photographic evidence, video documentation, and written documentation from the author's childhood. This is to such an extent that no one has contributed to this project (other than the artist who painted the paintings in the background and depressingly Microsoft's program Word) and a few misguided doctors; however, there are a few noble soul, the people closest to the author who have supported him throughout this whole terrible ordeal — he love you all — the author would be dead without them.

This paper demonstrates the true sense of freedom and recognizes the distinction between aspects of an embodied experience that can be controlled by a free agent and aspect of an embodied experience that can not be controlled. So long as you accept this paper, you should accept the wise words that that divinely inspired philosopher refused to publish in eighteen-eleven that said: "it is an unconditional necessity that eternal freedom as such actually exists". Despites being essential to this project, there is no point arguing about what is true; Freedom is postulated, in this particular case, for without it what has been done would be impossible; with this it is boldly declared that there are parts of an agent that can be controlled by that agent and

* When I wrote this document, I did not have access to my complete medical records. I now possess most of them but given the limits to charge a doctor with a complaint, I have neglected to ask for some until this paper has been accepted, but the records I do posses are not in my opinion contradictory to this paper.

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parts that cannot, but for me, someone can at least once overcome what no one but them thought that they could overcome.

§ 2

A Problematic Name

It is indisputable that my mother and I, both suffer from some disease or syndrome affecting the Skeletal-Muscular system. It is also undeniable that there is some genetic or congenital aspect of this disease or syndrome, since both my mother and I share a common amalgamation of symptoms present at birth and in childhood. However, the diagnosis that we have received of slow-channel congenital myasthenic syndrome is at best misleading and at worst destructively inaccurate.

The reason that I have for this latter statement is that the term “slow-channel congenital myasthenic syndrome” heavily implies that the *cause* of our disorder is the slow-channels in our skeletal-muscles. However, this may be (and probably is) an epiphenomenon of a larger disorder. In other words, the slow-channels are most likely a *correlate* and not a *cause* of our disease or syndrome. This claim does not mean that I am arguing that I do not have slow-channels because that would be empirically false. Rather it means this: I am arguing that they are not the primary site in need of medical intervention. Because of the problematic nature of this term, I will hence forth refer to the disease or syndrome that my mother and I have as Bertoia’s disease or simply as my disease.

§ 3

Causation

This section declares something did something at least once; if it wasn't something then; it was me — the author of this section and paper.

There are two important possible causes of Bertoia's disease. The first possible cause, as was mentioned above, is that there are mutated channels at the cellular level in such a way that they fire too long, and this adversely affects the muscles causing weakness. This theory is the least useful way of understanding my disease; for the fact that by assuming that there is a chemical or structural flaw at the cellular level caused by some mutation, makes the disease, then, appear incurable without vague appeals to scientific advancements such as gene therapy or what have you. However, to my knowledge, there is no evidence to support the claim of which one says there is a mutation at the cellular level going on in *me*, to explain that this causes the channels to be slow. They merely assume that there is. They then cite the test which confirms that the channels are slow while showing no direct evidence for the supposed cause of the disease; they show an effect and say it is a cause. To clarify, the physician who sees this test results and then infers that it is the result of some cause at the cellular level is making a fallacious inference, namely, they are affirming the consequent or treating a potential consequent as an antecedent. Formally, you cannot assume an antecedent necessarily from a consequent. The fact that there are slow-channels does not mean that this finding is sufficient to claim that there is a flaw at the cellular level — it only means that there are slow-channels. Moreover, if a scientist knows which genes would, if they were to be mutated then would cause the channels to be slow, they then they still do not know or prove the genes are mutated — they simply know the particular gene that is potentially affected. They are merely assuming that there is a flaw at the cellular level that causes the slow-channels, and they fail to recognize that something else could cause slow-channels. But

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regardless, the question we should ask ourselves is, is this assumption worth making? The answer to this question is no! It is not worth making, since it does nothing to help the afflicted person and does nothing help to further any understanding of this disease. Assuming the primary flaw is at the cellular level only helps the researcher stay employed, researching their dead end while the patient suffers.

The second possible cause has to do with the relation of individual muscles to the whole of the Skeletal-Muscular System and hence the whole Musculo-Skeletal System. This is a problem not at the cellular level, but rather it is a problem of the loss of function of any singular skeletal muscle except the diaphragm which are superficial, lateral, or distal that arises from a pathology in different muscles that are deep, medial, or proximal to the former muscles. This is a pathology of balance and of the relation of parts to the whole. The disease supervenes on the pathology of the whole. The potential problem with the latter muscles, which is more fundamental, is that they for what ever reason — be it, the effects that growth hormone has on them, the way they development from stem cells, or some other potential factor unbeknown to me — certain muscles grew denser and because of this they overpower the former muscles so that they, the more dense muscles, twisted in on themselves, folding inward while simultaneously forcing the former muscles to pull with undo force in order to produce the slightest contraction. Therefore, the former muscles having to constantly overcome the force of contraction in the deeper muscles then exhaust their stores of whatever it is that makes a muscle able to contract — and this produces the slow-channels.

There is of course an element of genetics at play here with the lower position, but what makes this different from the above belief is that any defect at the cellular level here, we must posit, can be overcome because that is what *I have almost empirically done*. Therefore, if it can

be overcome then the cells that exist now cannot be mutated, or one would have to deny an empirical fact. The cause is thus not by this view, that the cells are mutated in a way that effects the stores of calcium or whatever considered in isolation; it is caused by the position of whole muscles or at least muscle fibers that have been twist and folded inwards out of their natural, normal place. Hence the problem is that my muscles are not completely in their natural place.

So, to give an example of my theory of the parts relation to the whole, if the biceps over developed in this way, the more distal finger flexors and extensors would have to overcome the force of the deltoids and triceps in order to flex my arm, but the biceps themselves are having to overcome the force of the deltoid, and so on and so forth. It is as if, that I am in the grips of one great circular pull, in which every muscle struggle to function but at the cost of another muscle.

To give another but still of course connected example, if the muscles of the lower back such as the latissimus dorsi over developed in this way, then they would pull downwards causing weakness in the trapezius and the deltoids because they have been repositioned by the latissimus dorsi. This struggle is fluid and constantly changing with muscles and joints that constantly are going in and out of place. Therefore, and in simple words, this potential cause of Bertoia's Disease, if true, it would make the disease to be a disease of position.*

Now we ought to ask, is this as a possible cause of Bertoia's disease worth positing? The answer is yes. It is worth positing because it means that if you can break down the denser muscles and strengthen the weaker muscles, then you can theoretically cure the disease with kinesiology, physiotherapy, and possibly pharmacology. One can break the cycle of struggle and achieve a unified harmony within their being. Therefore, this disease thus becomes a biological

* One should be aware that because the diaphragm is circular and constricts by pulling on itself, it may be the only unaffected skeletal muscle if it is unaffected.

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puzzle in which some actions make the disease more pathological and others closer to being healed, but any wrong action must be undone, and any right action can be undone.

Nevertheless, this possibility does leave the question about what the original cause of Bertoia's disease unanswered. This is because, in order to discover it, the muscles would have to not have changed since birth, and this is unrealistic to think because muscles grow and shrink, strengthen and weaken, contract and expand, across the lifespan corresponding to the activities that the being that is and the being that it is command of the body. There are as well several more questions that follow by supposing that Bertoia's Disease is a pathology of the system itself from which arises an imbalance in density and strength as well as their opposites across my skeletal-muscular system. First, did the muscles all grow out of place at once, or did some muscles grow out of place first and then pulled the rest also? Second, one could ask, why did this not cause deformities in the bones when I was still growing before my growth plates fused? Or one might say, why does someone affected by this disease not simply just naturally grow out of it, if it is nothing but an issue of balance within the muscles? And finally, why am I able to with great effort correct this condition, while other have not?

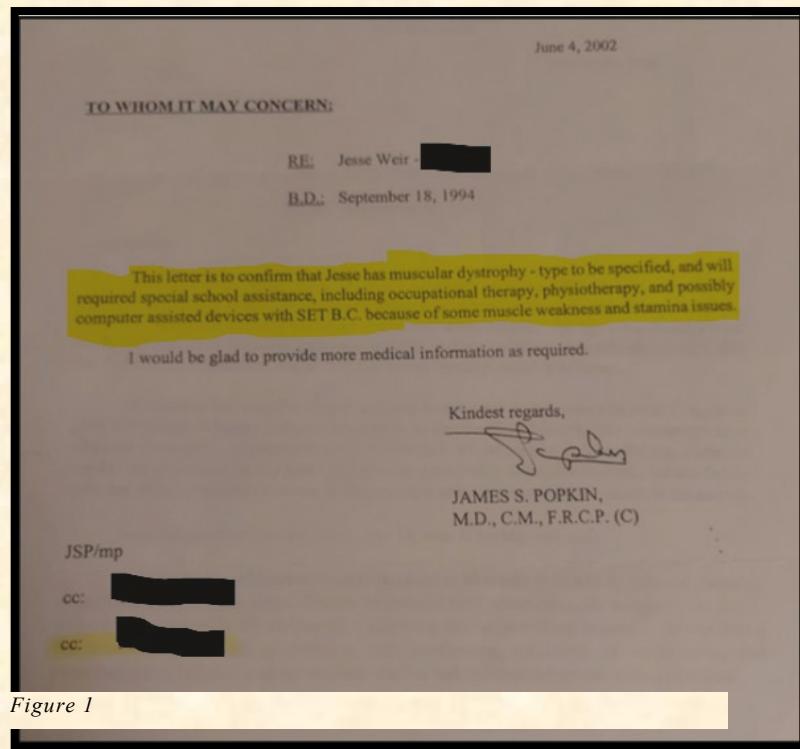
§ 4

Early History

Due to obvious reasons, I can not remember many things about my earliest childhood apart from a few disconnected memories. So, the bulk of my early history will come from documents by teachers, doctors, physiotherapists, psychologists, and above all else stories from my parents. These documents will be added with content from my memory if it is available.

The first comment that I am aware of comes from my grandmother, Edda Bertoia, who stated when I was a newborn that I must have the same thing that my mother. She was able to do so presumably because of the way that I laid as a newborn. The first place that had observable and documented weakness was my shoulders, in particular my right shoulder, which is peculiar because this is both my *dominant* side, and it is not where the primary sight of weakness would be later in life. However, this shoulder later in life would be a source of much suffering.

Nevertheless, it does make some sense that my right side had more noticeable weakness because I would have been inclined to use it more; thereby if my theory holds, it would have essentially burnt itself out and thus weakened itself.

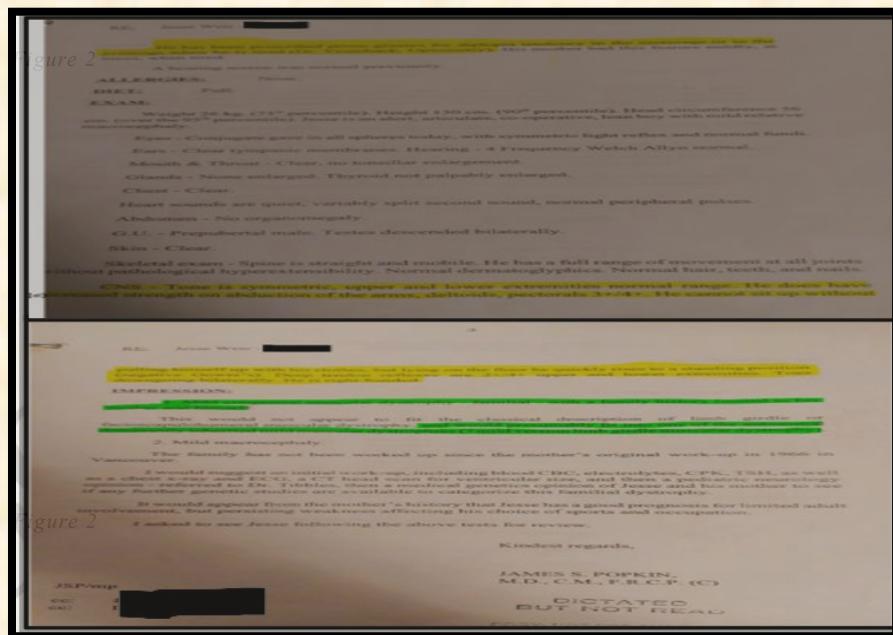


Throughout the late nineties and the early two-thousands, the weakness in my upper body appeared to be progressive, so much so that I was misdiagnosed with muscular dystrophy by Dr. James S. Popkin, which is shown in figure 1.*

This diagnosis was based upon a examination that Dr. Pokin had done the previous year (2001). The results had affirmed upperbody weakness of an unknown sort. The following is the results of that examination (the green highlights show inaccurate information). (see Figure 2)

The first green highlighted statement is wrong, for to support this assertion, the evidence I would like to present is my writing, which I will give examples of later.

The reason for this



claim is that I can manipulate objects at an average level, but I can only do so with a greater than average amount of effort; the analogy that I would use to describe a any voluntary movement is this: imagine that you have resistance bands attached to each muscle in your body, so when you move one muscle, the band pulls in the opposite direction; now, imagine trying to do something such as writing with the bands pulling your hand down and to the right. You could do an action

* For this and all pictures of documents in this paper, it is better to zoom in (on the document) than to expand the image or try to read it when the writing is too small.

such as writing under these circumstances, but it would be difficult, time consuming, uncomfortable, and after enough time painful.

You should now be able to understand why the doctor could claim I met normal “fine motor developmental milestones,” in the sense that I could perform the specific tasks, but I could only meet them just barely and only with abnormal effort, but the doctor could not see my feeling, effort, struggle, or deteriorating stamina; he only saw the action performed. Therefore, because I could do such and such activity, my fine motor skills were not seen as impaired, which is a tremendous oversight, which has been repeated consistently throughout my life. It is a hallmark of third-person methodology to ignore what which cannot be seen in a person, the being that is.

Moving on, the second green highlight is derivative of the oversight just mentioned about being able to perform a task but just barely, but this time it is in denial of empirical facts, namely, that while I did eat, vocalize, &c., &c., I did so only with a tremendous amount of effort and even then, my form was poor. This is characterized by my speech impediment, which I had to go through several years of speech therapy in order to overcome.* Additionally, I have been told, I refused to eat as a baby, as well as when I was a child, I would just sit there and not eat. The most likely reason for this was that I would not eat because I did not feel like it was worth the effort — I still sometimes do not eat for this reason, and to this day, I find eating a rather unpleasant experience. It just does not feel right nor good. Returning to Dr. Popkin’s examination, the final pages continue on page:*

* I now have documented proof of speech therapy.

* The first page has been omitted since it is of little relevance. This is the second page of a document about an examination that took place October 15, 2002; the document was produced October 24, 2002.

The final green highlights in the document above are of little relevance anymore since my diagnosis of slow channel congenital myasthenic syndrome offered a more plausible diagnosis.

Nevertheless, the accurate information

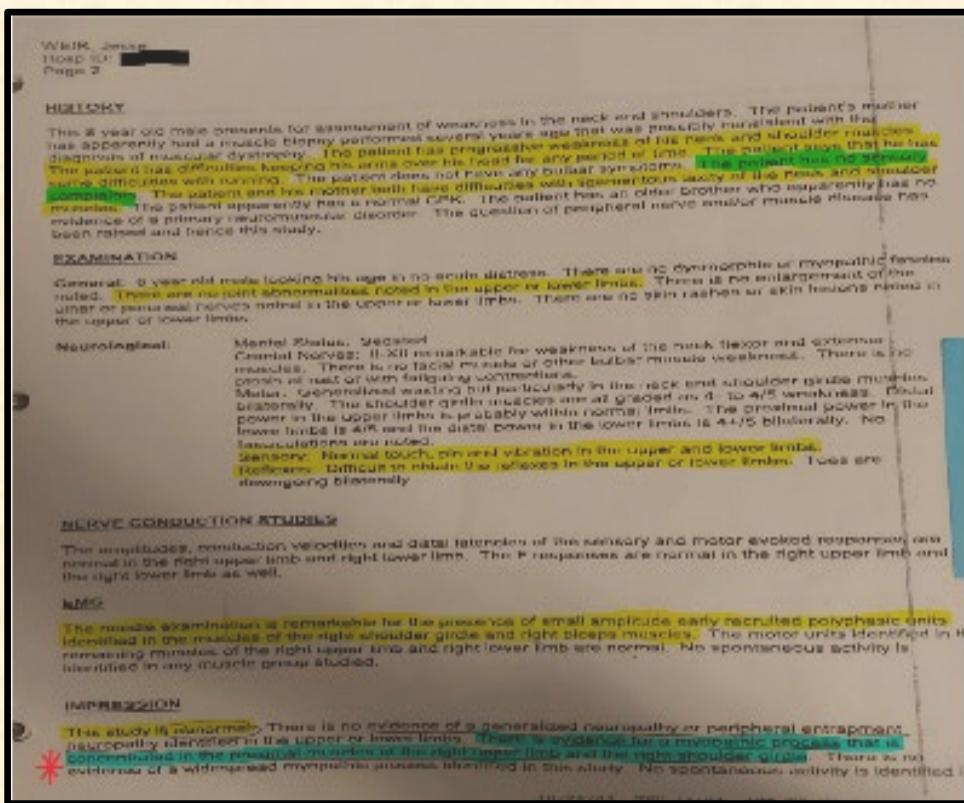
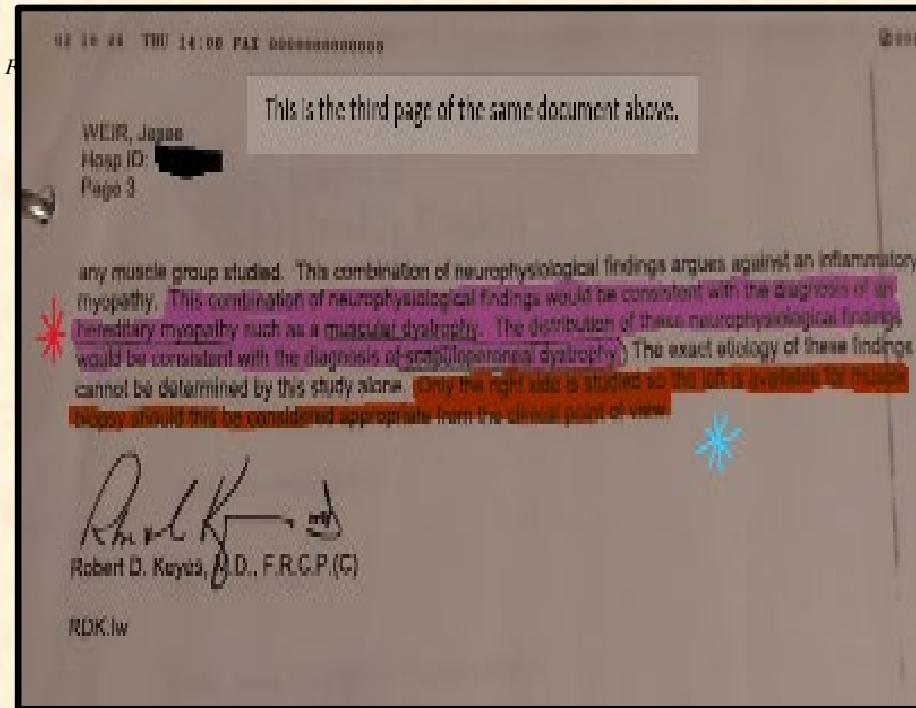


Figure 3

(which is highlighted yellow) shows us two things: first, this disease affects more than just a few solitary muscles since it affects the eyes; second, which is more important, I have to compensate for my disability with abnormal actions, such as how I would have to pull myself up with my clothing when I would go from laying to standing. The latter point highlights the fact that I have had to find ways to perform action that are unusual, in order to perform normal tasks; but, however, this also causes more irregularities in my muscles because such actions *do not exercise the weaker muscles while are the same time strength the stronger muscles*, which thus promotes asymmetry in muscular size and density.

Moving on in the following year, I would receive the more specific diagnosis of scapuloperoneal muscular dystrophy, which was characterized by progressive



weakness of the neck and shoulder muscles. The results of the examination are as follows:

There first thing in this examination that I would like to draw your attention to is highlighted green, this information is inaccurate. I did have sensory complaints. The problem is that I did not know anything but an unceasing discomfort. Therefore, if your normal state of being is one of discomfort and pain, how can you say you feel something abnormal. Further, as is a trend across my lifespan, I was and am not one to complain. On top of this, my behaviour is different with different people. It is a matter of aboutness because I have always acted differently with different people. For instance, with doctors I have high levels of intentionality; I am on my best behaviour trying my hardest to appear normal for them. The other thing that is important within this document (apart form the diagnoses highlighted in purple), is that only the right side was studied, and I would argue, but cannot because of lack of data, that if Dr. Keys had studied the left as well, the study would have been more remarkable.

I think that it is worth stating, I do not blame these doctors for the errors nor will I or do I hold it against them. These diagnoses were essential to my early education, insofar as they were enough to provide me with academic accommodations. The fact about these doctors is that they made mistakes — they are fallible just as we all are. However, in the scope of things, these investigations are, by and large, trivial, but I thought in the interest of thoroughness, and to inform any readers who do not have access to my records that it would be best to include at least some details about the original investigation. But like anyone worth while knows, Excessive documentation, doctors and overspecialization tend to hide the patient.

§ 5

Written Evidence Of Internal Muscular Resistance

It is not my intention to dwell on subjective feel, the what's it like, aspect of my disease, but it is worth noting that writing has always been difficult and unpleasant, to say the least. Partly, this is because my muscles tend to jerk and want to move on there own, which I will go into more detail in a latter section. But for my purposes he it is enough to say that writing has always been torture, for not only am I dyslexic, but the sensation itself, what I feel when I write, is the sensation of my arm twisting off, which is obviously horrible.

Additionally, I lose function in my arm the longer I write, and my writing tends to become more and more sloppy

drifting down and to the right. This has happened my whole life, and you can see the tendency clearly in my earliest surviving writings

here in figure 5.

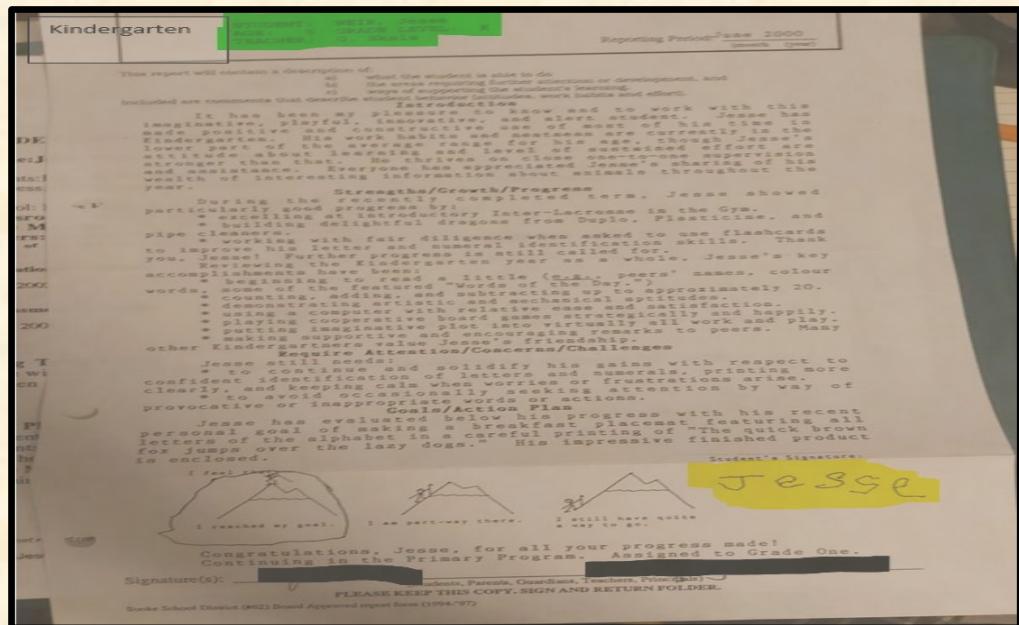


Figure 5

One should note that the first letter "J" is relatively normal. However, as the letters progress, they lose their form becoming poorly shaped. It was not that I did not try to write neatly, but rather my hand could simply not function that way. There is a jerkiness to my writing, that is a tendency to veer downwards or upwards. The reason for this tendency is that my muscles feel as

though they resist themselves. This is a difficult problem to articulate, but I will do my best. The way that I think it would be best to describe what any skill that requires dexterity or fine motor control is it feels like there is another hand on my pen and my hand moves the opposite way that I want to move the pen. This phenomenon is what I call internal muscular resistance. This is a resistance that the muscles *themselves* create when they try to perform a voluntary action. This resistance is not easy to overcome; it is like kicking down a door, insofar as when the resistance is overcome, it is never in a controlled manor rather it is overcome by sheer force, so that I overshoot my mark, so to speak, and this accounts for the unpredictability of my writing, as shown in figure 6.

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Layout of the poster																																																								
arranging the pieces																																																								
Gluing / drawing the pictures																																																								
Writing / typing the report out																																																								
Checking the work																																																								
<p>Thinking about my poster, I am really proud of The way we have put out.</p>		<p>This would be about 2006 (grade 6)</p>																																																						
<p>Things I learned about doing a poster-style To make the poster look nice</p>		<p>West-Mont School Discipline Incident Report</p>																																																						
<p>I liked this part of the research project Putting the information</p>		<p>Teacher: _____ Student: Jesse</p>																																																						
<p>I didn't like this part Typing out the project</p>		<p>Date of incident: 10/10/04</p>																																																						
<p>My mark was (circle 1) too low / fair / higher than I expected</p>		<p>Report Incident Description: While playing a math game a disagreement between students turned to a Step 1: Pushing / Shoving / Match over the scoring sheet. <input checked="" type="checkbox"/> Each student involved was interviewed separately</p>																																																						
		<p><input type="checkbox"/> Each student was asked to refrain from speaking with their peers about the incident.</p>																																																						
		<p><input checked="" type="checkbox"/> An appropriate consequence for the students action was decided upon discussed situation, thought of alternatives for</p>																																																						
		<p><input checked="" type="checkbox"/> A record of this incident report is put in the student's file their actions</p>																																																						
		<p><input checked="" type="checkbox"/> A record of this incident report is provided for child's parents</p>																																																						
		<p><input checked="" type="checkbox"/> Each student has reviewed the Code of Conduct and is aware of the expectations</p>																																																						
		<p><input checked="" type="checkbox"/> Each student resolves to act in accordance to the School's conduct code for</p>																																																						
		<p><input type="checkbox"/> Each student will continue to refrain from discussing incident with peers. "This is between A and B and we have been asked not to discuss it"</p>																																																						
		<p><input type="checkbox"/> Any further incident of misconduct will immediately be reported to a member of the staff and appropriate consequences will be given</p>																																																						
		<p><input type="checkbox"/> Further communication was made with the parents by the teacher</p>																																																						
		<p><input type="checkbox"/> A meeting will be scheduled with student, teacher, vice principal/principal and parents to discuss the behaviour and consequences</p>																																																						
<p>Notes</p> <p>- will work on skills when working together.</p>		<p>Compare mine (yellow) with my Classmates (blue)</p>																																																						
<p>Signed: _____ Students: Alexander (staff) Jesse</p>																																																								

Figure 6

The interesting thing about my writing is that despite really trying to make it look neat, it looked the same for most of my life. It was only recently after I had begun to correct the underlying condition that my writing's form began to improve. Nevertheless, it is still a difficult and tortuous activity. Additionally, it is pretty par for the course that throughout my whole life span, some days I can print relatively neatly, while other days I struggle to form individual letters or write at all, and sometimes I even have to use two hands to control the writing instrument.

There are several different factors that over the course of my lifetime I have found to impact my ability to write. First is the cold, I am affected by environmental factors as well like, for instance, when my hands have been in the cold for too long, I cannot write. Second, when I have overused my arm muscles (any of them or any and all combinations of them) doing any form of exercise, which includes the act of writing, or even if I overuse other more medial muscles such as my shoulder muscles, it can result in a fatigue so complete that any movement that involves any fine motor control near impossible. Third, sometimes for some unknown reason, when I try to write, I simply cannot — there may be multiple antecedents to this inability to write that I cannot yet deduce. But regardless of any of these factors, there is one common source of my inability, namely, I cannot grip my pen, pencil, or whatever I am trying to hold. Furthermore, when I cannot grip my writing instrument, there is often a unique pain in my upper forearm at the front of the base of the elbow. This is a prime example of intramuscular resistance.

This weakness of my hands, as was said before, comes and goes and is to some extent is noted here in a psychoeducational assessment, although it is only in passing in figure 7.*

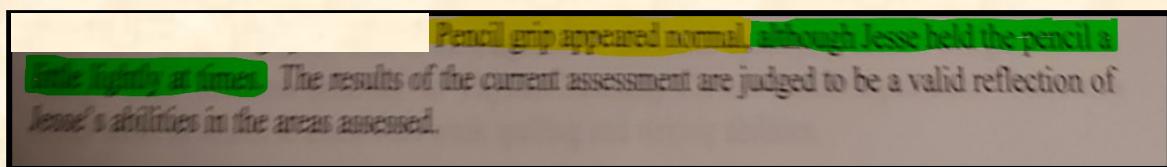


Figure 7

The struggle to produce a piece of writing by hand reveals something quite important about the structure of my muscles themselves: the right overpowers the left. My writing had and has had the tendency to drift down and to the right. Due to the fact that I have no remaining examples of my writing from youth, I have recreated this tendency, which although it does not appear anymore, it is something that I have to focus on in order to not do. The following paragraph, inasmuch as where each line starts, is what most of the longer pieces of writing that I performed between two-thousand and 2 and two-thousand and six looked like; Figure 8 is a representation of my writing from that time (also this short paragraph was written as fast as I could, so the form may be poorer than my writing currently is).

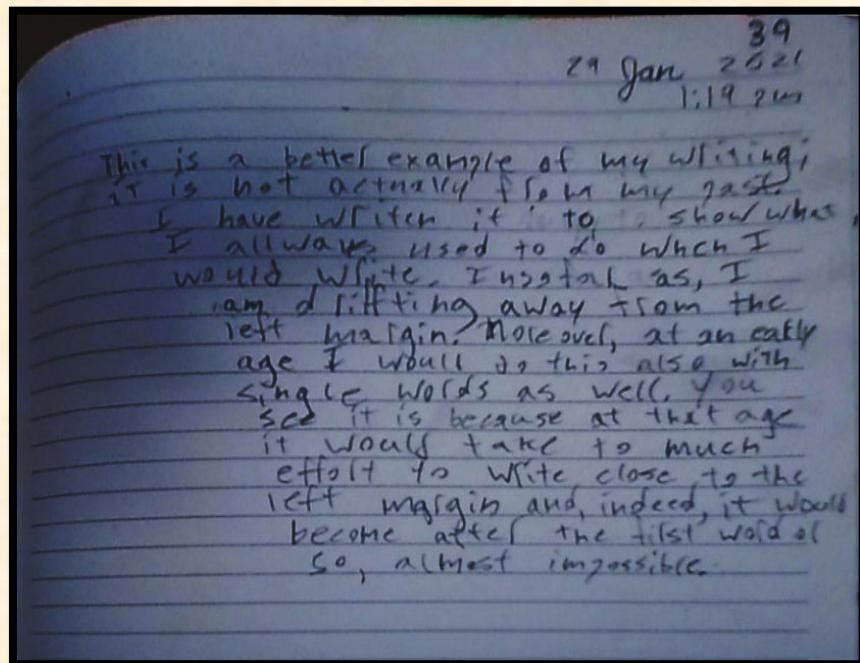


Figure 8

* Figure 7 distorted photograph reads: [His] pencil grip appears normal, although Jesse held the pencil a little light at times. The results of the current assessment are judged to be a valid reflection of Jesse's abilities in the areas assessed.

This tendency is remarkable because it reveals something that I feel but have a great amount of difficulty articulating; that is, I feel as though there is a *force* pulling me down and to the right folding me forward, and this *force* is reviled in my writing. It is always present and is that something which I have to always overcome. And it is not only my arms that feel it, but it is my whole being. It makes it so that I can never truly relax and maintain any normal posture. I have to force my self not to slouch or lean forward. The following videos may be a little out of place, but it will help show you what I mean by this *force*. I will simply relax and stop fighting this force.

I do not often relax this way out of fear of misaligning my back; however, the final position of the first video is one of the only two positions that I feel comfortable in while sitting, and it is important to add that from this position writing is impossible. And in fact, there is only one position that it is possible for me to write legibly by hand for any duration of time, and while this position is the other position that I feel comfortable in when sitting, nevertheless, writing makes it uncomfortable.

Returning to my work in elementary school, although they recognized that I would tire easily, they did not recognize the role that my disease played in my poor written form, to them that was just me not trying. While they did recognize that I had some level of “organic dysfunction,” they also saw that writing was something that I could do but was unwilling to do. This is from a psychoeducational report:

Simply put, what I am pointing out here is that writing up until about twenty seventeen was something that I could fundamentally not do for a long enough time to produce

anything more than a paragraph to three paragraphs. It was not just “motivation problems arising from organic dysfunction” but an organic dysfunction causing an inability to function. However,

there is some evidence that seems to contradict my argument. This evidence is that I was able to show that I could demonstrate normal “fine motor dexterity” in the

same

psychoeducational assessment, which is shown here In Figure 10.

9. Given Jesse's difficulties with written output of information (likely related to motivation problems arising from organic dysfunction), he may benefit from adapted/modified materials for writing output, such as those offered by *Davies and Johnson Associates Ltd.* (Phone: 604-531-6742; email:

Figure 10

Fine Motor Dexterity and Visuomotor Skills:

Taking into account that Jesse is right-hand dominant, his performance on a test of fine motor dexterity was within normal limits for both hands (Average range). This test does not measure all aspects of fine motor skills, and Jesse apparently does have some difficulty with motor stamina and weakness due to muscular dystrophy. On a test involving the copy of large designs, Jesse scored within the Average range for his age (32nd percentile).

Summary and Recommendations:

Jesse is a Grade 3 student at Hans Helgesen Elementary School. He was cooperative and put forth a good effort during the current assessment, but became frustrated during difficult tasks. Jesse's tendency to become easily frustrated has been noted for some time now, and this difficulty resulted in a temporary designation as “*Student with Special Needs, Moderate Behavior Category*.” (The test results, summarized below, provide at least a partial explanation for Jesse's history of frustration with school work.) Jesse has been diagnosed with muscular dystrophy and his designation was recently switched from Moderate Behavior to “*Chronic Health Impairment*.” His physical condition impacts on academic functioning, in that he tires easily at school, and shows difficulty with letter and number formation. Jesse also has speech pronunciation difficulties and has received speech therapy for the last 3 years. Hearing is normal, and Jesse wears glasses to correct double vision. Despite some difficulties, Jesse is enthusiastic with respect to many aspects of learning, has an excellent fund of scientific and general knowledge, makes friends easily, and has a good imagination. There were no concerns raised about emotional or social development.

The results of this assessment indicated the following:

Figure 9

What I would argue happened is largely the same as the problem that I mentioned in section four, but encase you have forgotten, let me remind you, I could just barely do activities that require fine motor dexterity and with an abnormal amount of struggle. This struggle they called frustration, which is not inaccurate, anyone would be frustrated when being forced to do a task that causes them pain, and they can barely do. It is like the frustration someone feels when they are held to the ground by another struggling to overcome the others strength but to no avail. However, I would not appear to be struggling like this because I have always been self-conscious

about my weakness as well as when I am watched I work harder, sit stiller, behave better, than when I am not watched. That said, the frustration as a child came out when I could no longer bear it — and would freak out. This was not just a matter of behaviour but unbearable sensory imputes causing the child appropriate motor outputs of visible frustrations because of other motor outputs causing the aforementioned sensations. However, about my writings process, in a word, I can only write for a couple of minutes with out having to stretch, and this is what has always frustrated me about my writing process because regardless of if I stretch or not, I still, and always have and feel pain when I write.

§ 6

The Early Workout: What Physiotherapy Told Me To Do

The following is a passage that should not be read in a way that holds anything against physiotherapy. The following is a passage that attempts to learn from the mistakes of others but it not the case there is any bad feelings towards anyone mentioned in section or documents, everyone here did the best, and their names do not end with Brown

At elementary school, I was occasionally taken out of class after my diagnosis of muscular dystrophy, so that I could work on the development of my muscles with a physiotherapist. These early workouts were infrequent enough not to do much in terms of increasing my strength, but they were frequent enough to interrupt my academic studies. Also, it is worth noting, I was not removed from gym class, which would have made the most sense, since my muscles do not develop by normal ways of exercising, removing me from gym class would have given me an opportunity to give this exercise regimen a serious attempt. Nevertheless, this point is moot because I would have never accepted being removed from gym to exercise by myself, since I was a young child who enjoyed playing games with his friends.

I would also like to argue, the workouts that the physiotherapist had me do would not have corrected my condition, even if I performed them day in and day out and in proper form. My reason for this claim is that they focused on the area that the pathology was most present at that time, namely, my trunk, hips, and shoulders. This is shown quite nicely in the document that my physiotherapist produced for someone, God only knows who, because she never told me. Although it is written from my point of view, the fact is, I did not write this document. Marion wrote this document, not that it really matters. I just think it is a little rude to write it from my point of view. She could have just as easily have written from the third person point of view, the

second person point of view, or her own first-person point of view. The persons that she probably was writing it were my parents, but if so, then why on earth would she write something like this. The point is not relevant anymore, I guess.*

Now, returning to the topic of why my muscles would not improve, the best way to describe this approach to correcting my condition is through an argument by analogy. Imagine that Marion was an engineer, and she was instructed to dam a river. Additionally, and to make matters worse, this is a very fast flowing river that is also quite wide. Keeping in line with the analogy, what Marion's strategy to dam the river was, was she wanted to put as much filling directly into the fastest flowing part of the river at its center. However, whenever she would try to do this, she would find that when ever she sat down to rest, much to her dismay, all the filling she placed in the river had been washed away, by the time she was ready to start again. Therefore, like Sisyphus, she could work on her dam for eternity this way, only to have to start from the beginning each and every day. This is what Marion would have had me do: a futile, painful, and pointless task for my whole life. However, hindsight is twenty-twenty, and she is not to blame. She did exactly what any reasonable person would do, insofar as she saw the area most effected and immediately focused on it. What I should have done was start with the extremities strengthening them and hence pulling my body away form my core and against the pull.

From the subjective side, these workouts when done correctly, would not only be very difficult, but they would cause me pain. Pain is difficult to describe (like all pain is) but the best way to describe some of the pain that I experience when I move my muscle wrongly is this: a sharp, stinging pain accompanied by immense physical fatigue (not sleep tiered but need to not

* See page 29 for Marion's document.

move tiered). This pain feels not only bad but dangerous, like there is damage being done to the muscles.

In order to escape this pain or some other unpleasant sensation that I was experiencing I would often find a short cut or an easier way when I would perform an activity that produced such a pain. This is a problem that plagued much of my early life. I would be told to do something, but it would cause me pain or feel impossible to do; so, in order to perform the action, I would cheat, insofar as I would find a way to do such and such activity in a way that, on one hand, would produce the least pain, and was in a way that I was able to perform the activity, on the other hand. The type of pain that I avoid at all costs, though it still finds me, is the type that feels as though the core of the muscle is being crushed producing a pain which has the aforementioned qualities. Nevertheless, the short of it is that often I would not tell whatever adult that asked me to do an activity that would cause me pain (unless it was absolutely unbearable or absolutely unavoidable) instead I would perform the activity but unproperly and they would be none the wiser. I do not want to dwell here to much more, but the workout that Marion would have had me do was impossible. However, here is what she would have had me do, See Figure 11, on the next page.



Figure 11

§ 7

Canoeing Without Reason

The beginning of my way towards recovery and ultimately curing this disease began oddly enough with canoeing. In high school between twenty-ten and two thousand and twelve, I began canoeing afterschool several days a week; it was the first rigorous exercise I had ever done. I want to be brief here, but it this information is of the utmost importance. Basically, unlike the exercise routine that Marion designed canoeing did not directly focus on my core, nor did it focus on symmetry, but rather it was asymmetrical. What I mean by asymmetrical is that the particular types of canoeing that I did, focused exclusively (well almost exclusively) on my upper body, the upper back and arms particularly; it focused on specific muscles in each of them which were not worked out in the opposite arm because you do not switch sides in high-kneel canoeing. So, because of this, my hole upper body began to change, inasmuch as my left side stagnated, it did not increase its strength, whereas my right side began to become more and more dense and strong, and at a certain point, the strength stagnated or actually decreased while the density continued to increase. Obviously, this began to cause serious side effects primarily in my intercostals which for a period began to hurt with every breath I would breathe. This was investigated with no real results

by Dr. George Urban. They took this x-ray which does not show much (See Figure 12).

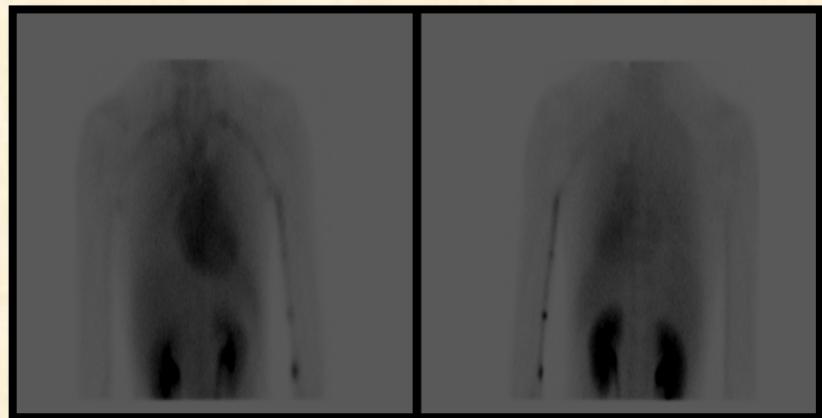


Figure 12

What was really happening was my muscles began to gravitate up and in towards my right shoulder, as well as my internal intercostals sucked inwards which in turn pulled the left sides intercostals right. I have prepared a

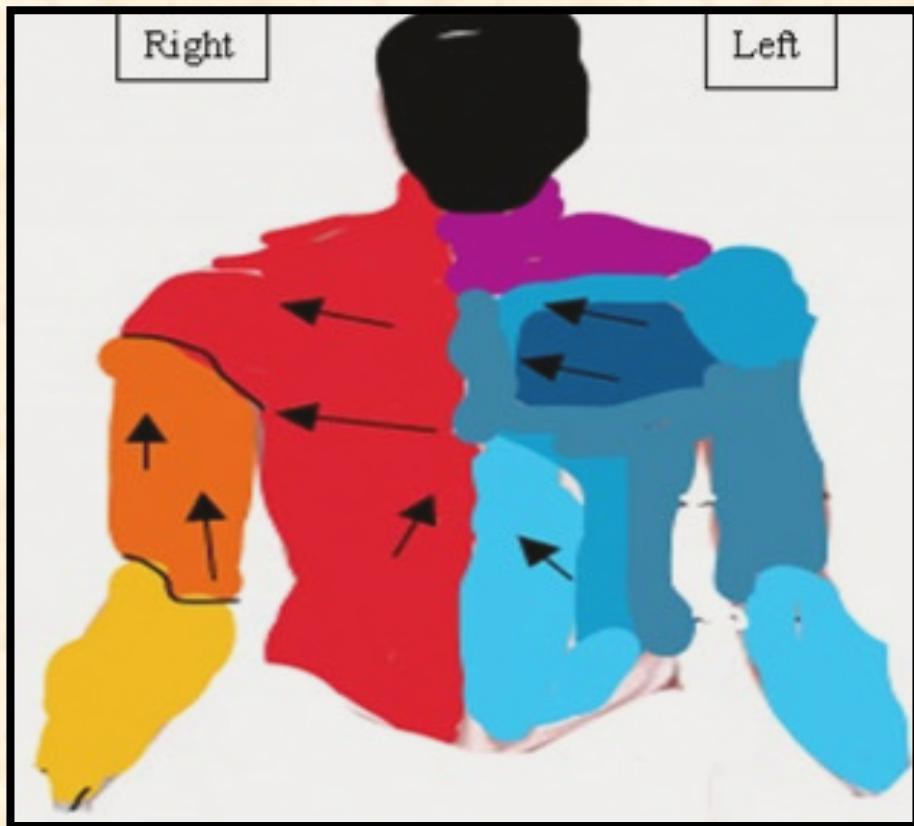


Figure 13

rough diagram of what my muscle strength may have been back then red shows strength, while blue shows weakness; the lighter the shade, the weaker the muscle is, and the arrows show the direction that the muscles are shifting. The diagram is shown here in figure 13.

However, in the above diagram, one thing is important to note that you cannot discern from it. Namely, that in the right shoulder the muscles both gravitated towards the shoulder but also bent the shoulder forwards. This is difficult to describe in words, so I will position myself to show you a representation of how this bend wants to look, it is still bent forward

but not as bad as it was. I can
fight the urge to have my
shoulder bend this way, as in
Figure 14 and constantly do,
but it feels as though I am
pulling back a huge weight
with my back muscles, to the
extent that sometimes my
shoulder pops in and out of
place, hopefully it stays in place
but always gravitates out again.

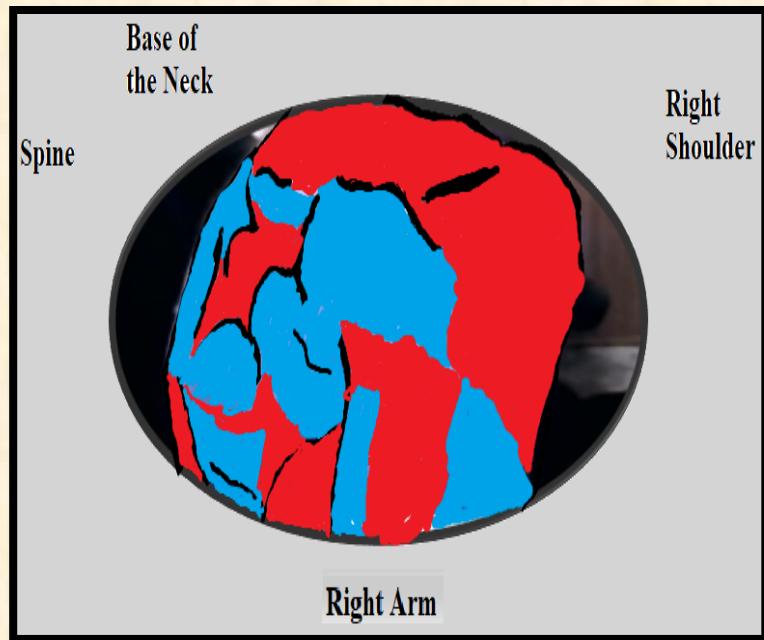


Figure 14

§ 8

The Original Workout

This section, more specifically the point in time (twenty-fifteen to early twenty-sixteen) that this section is about, is the most important part of this document for the following reason. This is where I make my first decision to take the fate of my muscles and myself into my own hands. Until I had began what I call my original workout, I had largely the same stance on the issue of my muscles as the bulk of the medical profession, namely, that my muscles are manageable with careful exercise and medication, but they are not curable. However, something changed in me for some reason one night that gave me the belief that a cure is possible. In the following years after my time canoeing, my muscles were an even more unpleasant part of my nature than they had been ever before, to say the least. However, I was beginning to notice that every time someone would tell me to do some exercise, intended to help my condition, I would find myself in a worse condition than I was in before, after I had completed the exercise. Finally, I just stopped listening to everybody, except myself.

I turned inwards and thought only about which way each muscle should move and what position they should be moved to. I felt my muscles and the accompanying pain and discomfort. I analyzed symmetry from my first-person perspective. Was trying to find the middle between not only each muscle group, but also the middle between left and right muscle groups generally. However, I ultimately failed to find a single point that was the mean. I knew that one side was stronger than the other generally, but I could not isolate it. You see, back then, some muscles on the right were much stronger than muscles on the left, but different muscles on the right were weaker than the corresponding muscle on the left. This is when I had my idea. It was simple really. Either I had to exercise my left side or my right side, but not both my left and right side.

The implicit assumption was that it is not a matter of asymmetry between upper and lower but one of right and left. Therefore, I made this choice: I would center a workout on my right side.

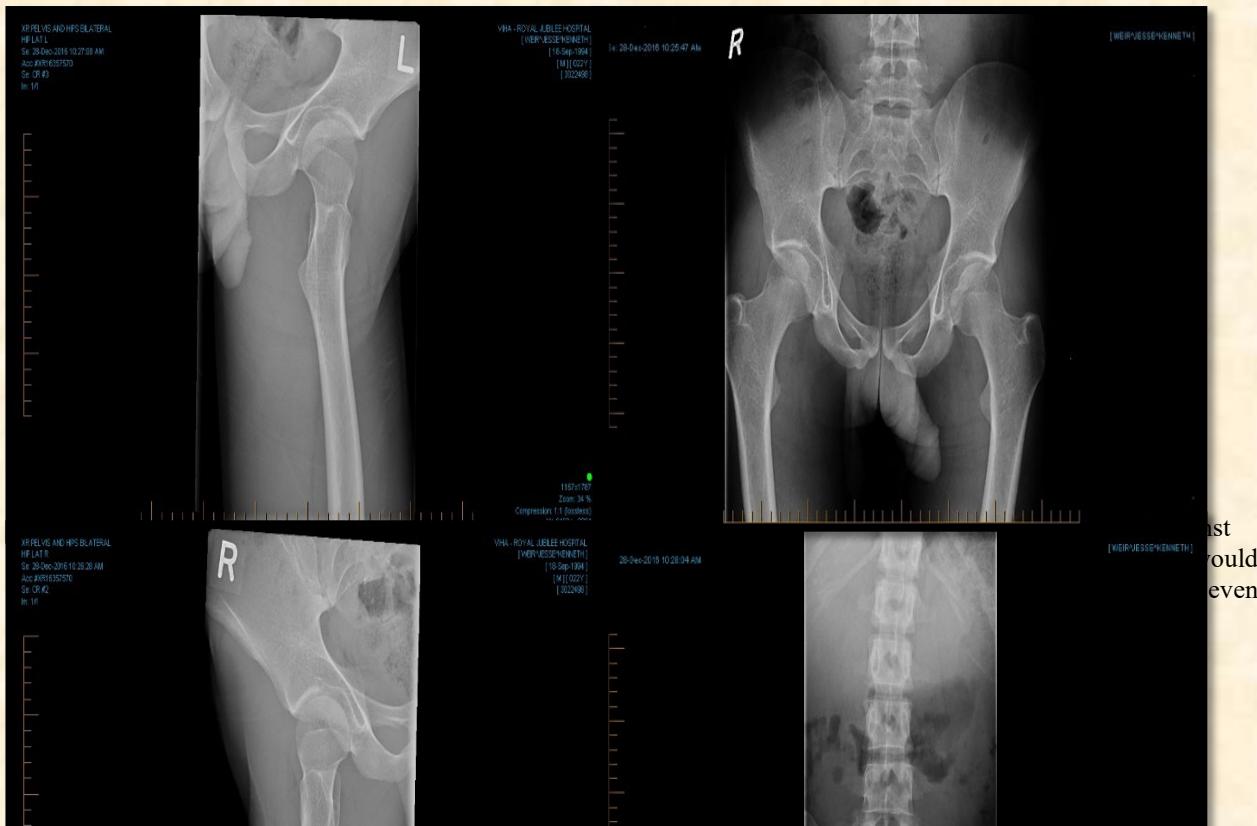
I know that this seems counter intuitive given the diagram in the preceding section, but my judgment was that I could either go left or right; one way will seriously damage my body, while the other way may cure my disease. Then I thought, the right side feels as though it is easier to workout, and it felt as if I could just break through some part of my self, everything would align. This was a mistake unless it was necessary. However, it most certainly was not necessary, in the sense, it achieved its ends of directly curing me, but it was necessary in the sense that it may have laid the ground of a potential cure for my muscles. What this workout did was increase the dissymmetry to the extent that I almost died or at least experience that which no one should feel: an extreme limitation and sensation that rendered them essentially debilitated.

The reason that I am so dramatic is that I did this workout for months literally to the point where suddenly I thought that it was going to kill me, then, and only then, did I realize that I had made a terrible mistake. But instead of immediately going the other way in an attempt to undo the damage that I had done, I just sort of gave up. I did not give up in the sense that I stopped everything, but rather I gave up and kept going right. This was an attempt to end my life, and I did this for some months. It failed, but it left my muscles in a worse state than they would have been in if I stopped when I first realized that right was the wrong way. It was just so hard and painful to go left, but in the end after almost killing myself that is what I had to do. This suicide attempt took place in the months leading up to my cessation from participation in nursing school in the beginning of 2016; in order to stop trying to kill myself, I stopped going to class.* This ended the acute original workout.

* This is not entirely true. There is another reason I stopped going to class

The original workout is what I was doing before I stopped school. This is how it was performed. The way that I chose to exercise was with push-ups and sit-ups that were biased towards the right side. With regards to the push-ups, I would use my left hand and arm more to brace than anything while pushing as hard as I could with my right arm against the ground, whereas with regards to the sit-ups, I would from laying throw myself forward bending to the right and then force myself upward using the right side of my back to complete the sit-up.*

To conclude this section let me summarize what happened, the original workout was a workout that took place in two parts the former was an attempt to cure myself, whereas the latter was an attempt to kill myself, but both together are what I called the original workout. In other words, the original workout was the period of my life where I went right. I would use it suicidally once more during a prolonged hospitalization. During the hospitalization I was able to get some scans done. Figure 15 shows my hip and spine where non-symmetrical, as you can see (this is not the result of positioning I was laying level).



The Original Workout.....	36
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Figure 15

§ 9

The Two Antitheses of The Original Workout: The Natural Workout and An Activation Workout

When I was in the phase of my life that I refer to as the original workout, I would perform a different workout on impulse. This workout was not voluntary or free, in the common sense of the words, but it was and is necessary. I call it the *natural workout*. However, let me be clear, the natural workout is not one particular action, rather it is categorized by the fact that it is not voluntary. While I can induce a natural work out using what I call an *activation workout*, I can not decide or even know what a natural workout will look like until it has already occurred. I have been experiencing natural workouts my whole life; the original workout and the activation workouts that followed made them nonetheless more frequent and intense. It is as if for every action there is a stretch, and another action that I have to do immediately after the originally desired action. Furthermore, *the natural workout is not just a reaction to an action but is a force that compels me to action*. This can make me appear impulsive and was a problem since childhood. However, despite natural workouts occurring throughout my lifespan, the original workout accentuated them so much so that I would have to do them constantly throughout each and every day, although I tried and indeed try to do them when no one was around or looking.*

In other writings that I have produced I sometimes refer to what is formally an activation workout as an “original workout,” but an original workout strictly speaking is the combination of the specific sit-ups and push-ups just mentioned in section eight.

* One thing should be clear about this workout, it is comprised of both activation workouts and natural workouts. The former is a voluntary workout that induces the latter that is not voluntary. Although they are both distinct, they cannot appear separately.

Allow me to go into more detail about just what an activation workout is. An activation workout is that which one does in order to do a natural workout. If the natural workout is thought of as something unpredictable but consistently occurring, then the activation workout is that which induces a natural workout. It is controllable, predictable and not always constant. An activation workout (and there are many types) is always something repetitive, so for instance repetitively, and usually as rapidly as possible, flexing one muscle until you either have your muscle give out, the pain becomes so unbearable that it forces you to stop, or you cannot help but do a natural workout. There is a sort of threshold for these results, which is different for each muscle. Some muscles can go for longer than other muscle before it induces a natural workout or one of the other results. However, the interesting thing about an activation workout is that it rarely results in a natural workout in the exact same muscle; it usually educes them in a different limb all together. As an example, as I type with my left arm, my right arm at 1:08 PM, 29 June 2021 my left arm being closer to the threshold of a natural workout gives out as it passes it and at the same time educes a natural workout in my right arm—

One thing, however, should be clear, that I can control when I do a natural workout, but I cannot not do one inevitably. It is as if a pressure builds which produces pain and discomfort the more time goes by. Eventually I will relax and perform a natural workout for these decreases some of the pain and discomfort.

Anyways, the key take away is that you do a repetitive act that comes from your own volition until you cannot do it anymore and then you react not directly of your own volition, doing an action that your muscles seem to do on their own. The former is an activation workout, and the latter is a natural workout. Both of these workouts are intimately connected with one another in a unity of freedom and necessity. There is going to be a shift in tenses here; this is no

mistake. If anyone says the following shifts are mistaken, they should think about time more.

Using specifically targeted activation workouts and natural workouts, I have been, first,
contracting and then expanding in a seemingly un ending conflict in a random back and forth
started by that contraction which from which it began, but I continued such that I expanded
enough only to continue contracting, until I knew it was time and possible to be resolved by
twisting and pulling myself through a scission within myself, unfurling myself through the
abyssal gap left by this scission and the flexing the muscle which has herniated itself through
itself and through this I pushed the muscle through the rest of the way, birthing a new muscle
that is mild and gentle with the chaotic anarchic former muscle contained and resting, and soon
to be forgotten, I did this generally to my whole being; therefore, I begat (generate being outside
oneself) within MYSELF.

§ 10

Afar to Brief Outline of My Plan

The basis of my plan for the cure lies in natural workouts and activation workouts. It would seem that the muscles throughout my right side have become compressed and folded into themselves. Therefore, if I am to unfold them then I will have to aggravate them, breaking them apart; this is what the activation workout does; the natural workout must then be the muscles responding to this aggravation. It follows that I must pull against the intramuscular resistance after the activation workout and the corresponding natural workout in order to separate the muscles from themselves; I call this braced flexion. This can only work if and only if it is done constantly so that I do not loss any of my gains when I sleep from the muscles recompressing from sleeping on my right side.

This is what I have methodised over the past year while working on this document. Even though I have been, at some level, doing this for my whole life, I had not focused on it scientifically until now. However, for the worst of it I did create a structure of beliefs that was intended to help me cope with the unending trauma and suffering, but it went bad towards the end of twenty-sixteen. No

In the following sections, I will attempt to show you how this affects (2020) the totality of my being and affected my being (2022).

§ 11

Diagrams Of the Way My Muscles Want to Move and What They Want Us to Do

The following diagrams and the passage below are the first things that I wrote and analyzed for this document. The emphasis being on the diagrams. However, due to the size of these diagrams, I thought that it would be acceptable to include shrunken diagrams for printing and to allow the full-sized readable diagrams to be printed separately as posters. The unreadable words in figure 16 served as the foundation for this explanation's analysis. It allowed me to prove that I was having some sense of success in this whole ordeal. Although it was an attempt to gain a basis for the explanation of the cure it, itself did not lead to any workout, but merely serves as an articulation of my sensuous experience. That is to say, this is where my sensory imputes where at the date below. The goal of this diagram is to show the position of each area of muscles that they naturally are inclined to move towards. One thing should nonetheless be clear about the following diagrams, namely, because my muscles have been shifting position for six or more months after these diagrams were completed, the Muscles my now want to move in a different direction, although most will keep the same course that they were on in January twenty-twenty-one.

For this diagram the direction that which the muscles were moving was given using something like a phenomenological reduction using the technique of eidetic variation through proprioception and palpation on the fifth night of January in the two-thousand and twenty-first year of our lord; the final directions were recorded at ten fifty-two that very night.* The

* This whole paragraph was simply intended to introduce the diagram and to be a reminder to me of the dates. I wrote it this way to be funny. I kept it in this document because it was in some sense the beginning of my consciousness, and I also kept it because was and is fun. Also, who knows when B muscles where recorded, but believe they were recorded after A.

observations about the muscles marked A1-A28 were recorded over the following week beginning on the fifth night and ending on tenth night of January in the two-thousand and twenty-first year of our lord. These directions and observations are displayed in the flowing two diagrams.

Please read the gold boxes! There is a trick to which side is stronger and which

side is weaker for these diagrams

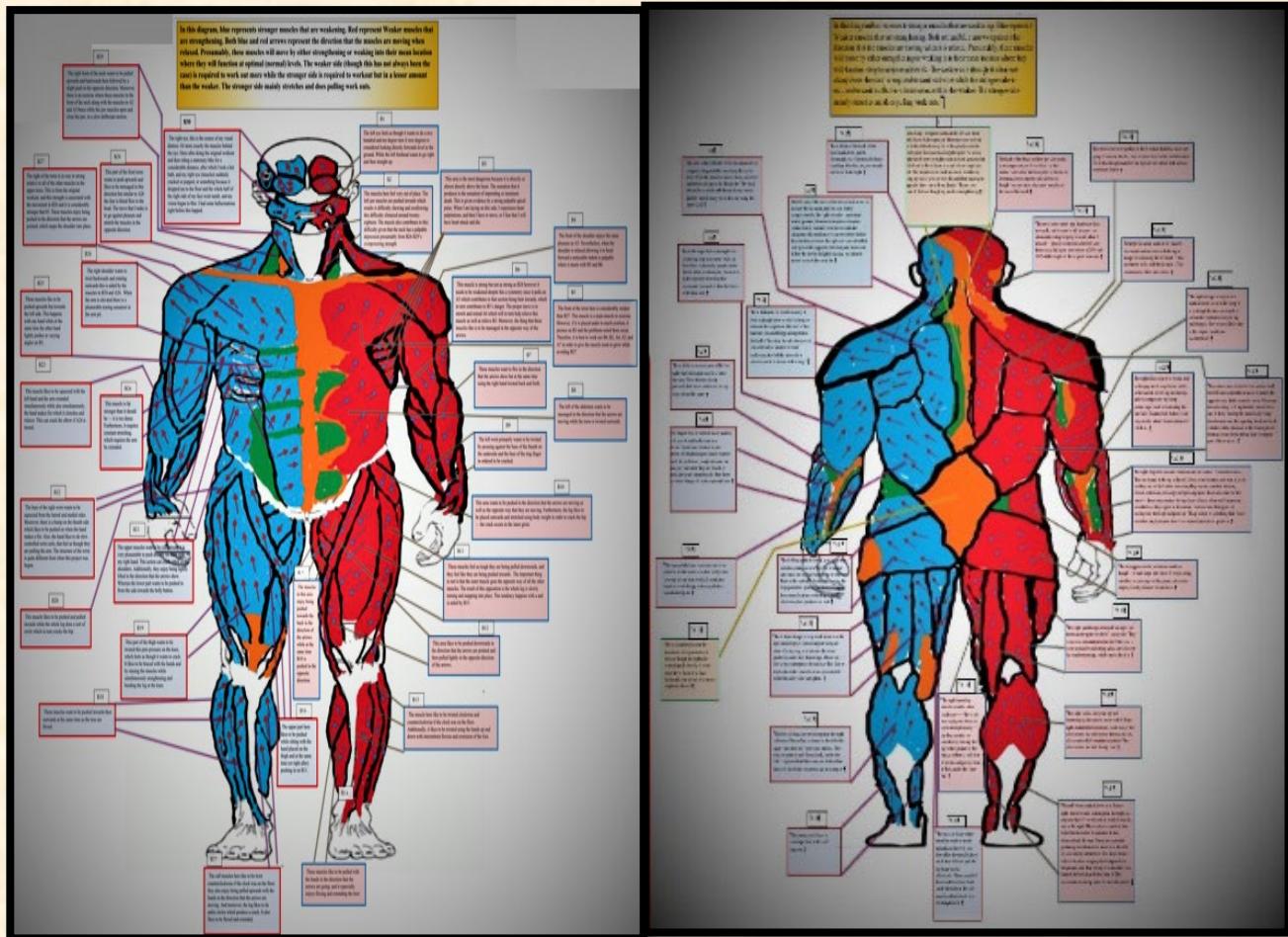


Figure 16

§ 12

Diagram Of My Hand's Strength And the Direction the Tendons are Unfurling

A more complex corporeal region of my body with regards to workouts is that of my hands. My hands have always been a centerpiece of my weakness, insofar as they never seem to work, but I have found that they are amongst the most valuable of all the regions because they are the most controllable, and in some sense breakable. Because of this, I can almost turn them around by rotating the fingers and flexing them. Moreover, if I am to break something (not that I have) I would very much prefer a finger being broken as opposed to my neck or a larger bone. The following diagram is colored similar to the above diagrams, but with the hand diagrams blue is always symbolic of weakness, whereas red is symbolic of strength. want to move is the position of the tendons in the wrist. Around 2016, I noticed a strange phenomenon. What I noticed was that there was only one palpable tendon in my wrist; it was very tense, and it could only flex the wrist if I did this motion, which is shown separating from each other. This separation is not the driving force or prime mover behind the cure that is in my arms and shoulders, but it is a symptom (not in the negative sense) of how I have been guiding the muscles into place. This is because the hands are the most bendable part of the body. The fingers can easily be pulled, and this allows for them to be freed from the pathological pull that distorts my muscles, so as to twist the muscles in the opposite way allowing for whole of the skeletal muscular system to be realigned. This over time allows for more and more muscles to be unbound so that I can work from the most distal and controllable tendons to the center of my being the medial place. In the following photo, the arrows represent the way that the tendons are being pulled

froward such that these thin elastic-like bands can be grasped from within and utilised to separate divide and pull myself into place.

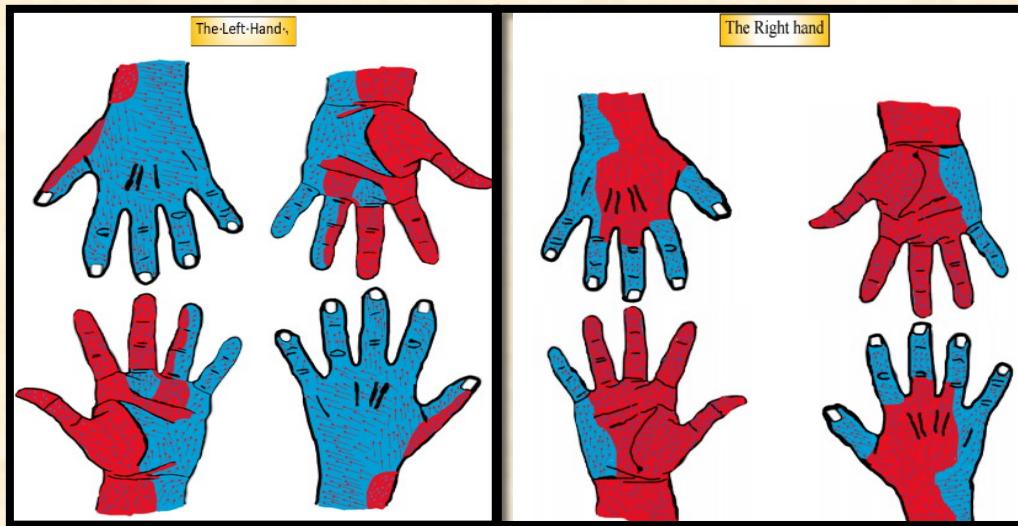


Figure 17

§ 13

The Dangers of This Workout

The main danger of this workout, I believe, is, in a word, blood flow. This is because of potential damage to venous circulation. However, other concerns some of which are both related and not related will be listed below:

- Bending of the spinal cord
- Breaking my neck
- Overworking the heart
- Overworking the kidneys
- Cutting off circulation to the limbs
- A general felling of unwellness or malaise
- The sense of impending death (presumably from the presser the intercostals place on the area above the heart)
- Pinching a nerve
- Pressure on the stomach causing regurgitation
- Pressure on the intestines causing not fully digested food to be passed*
- Insanity (this is due to the sensation of my muscles being in the wrong place, and therefore the source of any mental problems is not located in the brain but in the muscles)

I recognize the severity of these ailments, nevertheless, there was no other way to treat my condition apart from just doing what I have been doing. The only other things that I can think of are either getting some sort of surgery, obviously I would get a doctor or really good butcher to do this, if need be, either could cut the fascia or some muscles and allow my muscles to expand, or perhaps if I braced some part of my body to cause atrophy, or if did some sort of physiotherapy routine that is different from the one that I have been doing or some combination of any of these. Or something else that I have not thought of

* one should note that despite the severity and having experienced the latter four of these symptoms, they have by and large passed. However, I feel as though I am still in danger.

But I can safely say I have listened and tried the way of every doctor who had something to say about this and every single time I got worse not better. But on my own I have made significant progress towards health despite a few setbacks; so, with regards tot the surgical route, I can say I would, if I had to choose, I would choose the butcher because doctors no longer get the title of the guardians of my health because it is not just my single particular case, but this is a systemic problem that if you speak people out there in the world, you will hear many stories that echo this opinion; the only reason that people go to a doctor is because there is no other option but the local meth and heroine dealer for medications if you want a surgery that you believe to be necessary for yourself to be but no doctor concurs then the only surgical option is to do it yourself, and none of these options are good options, but they are better than being dismissed, patronized, lied to, covered up, and forgotten.

I am sure and certain that for the preservation of the poor, struggling, and all those who cannot or will not advocate for them selves, we need a new profession of unconditional caring, respect, compassion and Love that may not be professional but personal and doesn't see time as dictated by a clock nor health as defined by pathology. These pure-nurses as I call the ought to be agents of the agency of anyone, such that when they are asked a question like: I need to talk? or I need help? They do not worry about policy or "best practice" but simply respond: how can I help? And then they help until they are no longer needed or simply cannot. The clock does not command them whatsoever. But this topic is for another book.

§ 14

Pharmacology And Its Effects On My Condition

Over the course of this workout and my lifespan I have tried many drugs so as to ease my suffering and to workout both by educing workouts and prolonging workouts, and although they are useful to speed up my healing, they also give me the energy to keep going, pulling my muscle into place, but they are not by themselves and not to cure the disease, but they are with all likelihood a condition that allowed for my possible cure. In other words, you need some drugs to perform the exercises for the proper amount of time at the proper intensity to effectively treat and ultimately cure the disease. If I was sober, I would spend the bulk of my time in bed; this would not just prolong my recovery but could actively work against any workout that I did have the energy to do.

Despite some doctor giving me Prozac (stupidly) to treat my disease, I have found that the class of drugs that is most effective is stimulants. Without the treatment that I have given myself of stimulants, I could not have gotten to this point. I could not do school. I would have no life. I could barley work and not for very long. They help give me my life.

Sorry, but I asked George Urban for what I need, so you ought to know. Anyways, I can get a more dangerous but effective alternative from a friend. Also, Prozac makes everything worse.

§ 15

Conclusion

I would like to conclude that it is difficult to draw conclusions from the first-person perspective, but not impossible. Though the uses of activation workouts I have managed almost overcome something that no one is supposed to be able to free themselves from, namely, their genetics. Although this statement is limited and open for debate until a definitive test of the slow channels can be established. However, there is indeed such a test that I have taken before. Therefore, the proof of my claims in this document is conditional and depends upon whether or not some bitch doctor can prove that I still have the disease when I myself am reporting that I have no symptoms, as I believe that I will be proven. However, I am still not there but I am making progress. Whether they have been deemed psychotic or not, they must be considered largely influenced by the original workout and the struggle within my muscles this much is for sure.

But in the end, I would like to thank you for your time. I hope you hear my plea. As I would just like to prematurely apologize for any grammatical, spelling, formatting, or other errors in this document, they are there because I have created this project with no help other than a few conversations with various family members and friends, none of which have read this document in its entirety.

Acknowledgements

I would like to thank the handful of people who helped me with this project. This Project was made researched, written, and carried through by pretty much me alone. I would like to thank the reader for reading this paper to the end. I hope it has given you some insight into my condition.

Peace and Love,



Jesse Weir

The Son of Man