

## A True Sense of Achievement: It is not Just a Hurray, it is about Increasing Awareness of a Discovery

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When I made my new 15 scientific discoveries in medicine, physiology, and physics I felt a pleasurable exciting sense of achievement immediately upon discovery that reached the top on having the articles reported in reputable *Open Access Journals* (OA) that are well recognized and peer reviewed. This sense of achievement and pleasure was matted by the lack of feedback from the research community scholars after the passage of adequate time. The true sense of achievement can only be attained by getting the feedback response commemorated by the award of Noble prize in physiology and medicine, biochemistry and/or physics for truly deserved discoveries.

Every major clinical problem or poorly understood syndrome that came across my way in clinical practice was resolved. The exact patho-aetiology was found, and a successful lifesaving therapy was tried and tested to be proved highly successful lifesaving curable treatment. It made me venture deeper into physics to correct an enormously wrong physiological law and find the correct replacement for it. There is a new discovery in every letter and all my articles I have reported since 1985 until now.

My first ever letter to the editor of the *Lancet* reported a novel case report on a new cause for hepatic outflow obstruction induced by massive pericardial effusion [1]. The second letter to the editor of the *British Medical Journal* was on the correct therapy of acute dilution hyponatraemia using hypertonic sodium of 5%NaCl and 8.4%NaCo<sub>3</sub> [2]. The third article of mine was on the first case report on lymphosarcoma complicating ureterosigmoidostomy [3]. My second encounter with cancer reported a new surgical technique that simplified visico-urethral anastomosis for replacing cancer bladder with a new bladder made of small bowels [4]. Other letters on novel original case reports and issues were followed [5-7]. Another inaugural case report was on gastric gangrene complicating adult Bochdalek's hernia [8].

My first cohort prospective study reported in the *British Journal of Urology* resolved the puzzle of the TUR syndrome identifying its precise path-aetiology of volumetric overload shock and advancing the lifesaving therapy of hypertonic sodium of 5%NaCl and/or 8.4%NaCo<sub>3</sub> [9]. Similarly acute dilutional hyponatraemia and the acute respiratory distress syndrome were resolved [10-12].

My first physics study on the hydrodynamics of the porous orifice (G) tube that advanced the correct replacement for the wrong Starling's law, reported in medical hypothesis in 2001 [13], and was conclusively affirmed in 2021 [14]. My second physics discovery was the tree branching law that corrects 2 misconceptions on capillary ultrastructure anatomy and physiology [15]. The physics studies were also confirmed by physiological studies on the hind limb of sheep [16] affirming Starling's law wrong and the correct replacement is the hydrodynamics of the G tube.

My medical discoveries included 2 new types of cardiovascular shocks induced by volumetric overload (VO) namely sodium-free fluid VO and sodium-based fluid VO. These have resolved the puzzle of the TUR syndrome, acute dilutional hyponatraemia and ARDS [17,18]. So, Volume kinetic or VO shocks were first reported recently [18]. Other medical and biochemical scientific discoveries have previously

been reported [19]. In discovering the above the bridge connecting the physics, physiology, biochemistry, and medicine was constructed [17]. On a totally different subject, the pathoaetiology of the Loin Pain Haematuria Syndrome was discovered revealing its link with symptomatic nephroptosis (SN) and 100% curative therapy surgery was devised. My cohort prospective studies on the loin pain haematuria syndrome involved 190 cases of symptomatic nephroptosis revealing its patho-etiological link and advancing a curable surgical therapy for it [20].

Despite multiple and powerful reporting in the literature on my multiple and important scientific discoveries the whole medical world is not responding. It seems to be in a deep coma. Even the top Medical, surgical, and scientific journals including *Lancet*, *British Medical Journal*, *New England Journal of Medicine*, *Nature*, *Nature Medicine*, *Science*, *Journal of The American Medical Association*, *The Surgeon-The Journal of the Royal College of Surgeons of Edinburgh*, *Physiology and Urology* journals have repeatedly done serious mistakes rejecting the many articles I sent to them. They may ignore my person, but they cannot wrong any of my new discoveries. Here is a summary of my new discoveries to show you how wrong they all are [19].

The two new types of vascular shocks are volume kinetic shocks or VOS defined here. Massive fluid infusions in a short time induce VOS of two types: Type one (VOS1) and Type two (VOS2). VOS1 is induced by sodium-free fluid of 3.5 - 5 litres in one hour known as the TURP syndrome or hyponatraemic shock. VOS2 may complicate VOS1 or is induced by massive infusion of sodium-based fluids. VOS2 also complicates fluid therapy in critically ill and presents with ARDS [17]. Volumetric gain of 7 - 10L have been reported in alive ARDS cases and up to 12 - 14L of sodium-based fluids reported in dead ARDS cases.

It is with absolute confidence to say that the new scientific discoveries are true original and most useful to humanity and medicine. Winning Nobel prize for it is not just about rewarding the scientist author but more importantly in promoting the discoveries that it becomes known to fellow scholars' researchers and physicians to start saving the lives of their patients today, and to the community masses internationally.

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None.

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