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A NEW THEORY FOR REDUCING THE RISK OF CONTRACTING DISEASES

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ABSTRACT

The discovery of a new theory for reducing the risk of contracting diseases is a significant breakthrough in medicine. This theory utilizes innovative computational formulas and bioscales derived from the English language. The theory employs a linear equation: a x b x c = 512 where a,b,c represent the integrated bioscales of three key variables responsible for disease transmission and contractions, namely: the cause, the route, and the host (CRH), while 5,1,2 on the otherhand represent the integrated values of the major components of the CHR. By understanding and manipulating these variables, the risk of contracting diseases, especially infections such as HIV, Hepatitis, and Malaria, can be reduced drastically. In conclusion, this theory offers a structured approach to reducing the risk of contracting diseases.

KEYWORDS: Cause, Route, Host, Risk, Contraction, Transmission, Diseases, Infections.

INTRODUCTION

The theory emphasizes three strategic actions: avoid, protect, and minimize (APM). It states that to reduce the risk of contracting diseases, one must first avoid the cause, then protect the route through which the cause enters the host, and finally minimize contact between the host and the cause.

For instance, in the case of Malaria, measures like environmental hygiene, mosquito nets, and prophylaxis can be implemented to reduce the risk of contracting malaria. Similarly, for HIV, safe sexual practices, the use of personal protective equipment, and pre-marital screening are recommended to reduce the risk of contracting HIV.

Clinical Application of the Theory

The theory has a wide range of applications, but it is particularly valuable in clinical settings where pathogens pose a significant risk. Pathogens are prevalent in various areas of hospitals, especially in middle and low-income countries where poor sanitation can create a breeding ground for diseases.

In the Ward

Reducing the risk of contracting diseases in hospital wards requires regular cleaning and the availability of safety boxes. Healthcare workers should use Personal Protective Equipment (PPE) especially, when dealing with biofluids like blood, stool, sputum, and urine during procedures such as injections, catheterization, wound dressing, and specimen collection. Non-invasive healthcare services (oral and topical medications) should be prioritized where possible.

In the Theater

Maintaining a clean and well-equipped operating theater is essential to reduce the risk of contracting diseases. Safety boxes should be readily available, and healthcare workers should use appropriate PPE to protect against disease contraction. Surgical procedures with minimal exposure to biofluids should be prioritized.

In the Laboratory

Laboratories should be kept clean and equipped with safety boxes to reduce the risk of contracting diseases. Laboratory Scientists should ensure appropriate use of PPE. Medical investigations involving biofluids that are less hazardous should be prioritized.

In the Toilet
To reduce the risk of contracting diseases, toilets should be cleaned before use. It is important to only expose the necessary orifices (anus and urethra) during defecation. Activities involving other orifices (chewing, chatting, and verbal communication) should be avoided unless absolutely necessary. Proper hand hygiene is crucial, and direct contact with other orifices (mouth, ears, eyes, and nostrils) should be avoided.

Research Tool
Bioscale Computational Formula
This formula is an emerging innovation that allows the conversion of any word into bioscales, regardless of the human language. In this context, English is the only language that generates bioscales with relevance in scientific knowledge and cultural history. Other human languages produce bioscales with relevance only in cultural history.

The formula has linguistic applications exclusively and is represented as.
Input = [O^I x Q] a Slide per Letter

Abbreviations
- O: Overall number of letters in a language (e.g., 26)
- I: Indexes for multiplying the overall number of letters in a language by itself, arranged in descending order(or vice versa) based on the number of letters in a word.
- Q: Quantity of each letter in the language when arranged alphabetically(e.g. a-0, b-1,c-2, d-3------z-25)
- Input: Any word written using the letters of a language.
Algorithm: Input - Computing -Output – Interpretation.

METHOD
1. We used the Bioscales Computational Formula to convert the three key variables (CRH) into their respective source codes.
2. The source code of each variable was condensed into OB, CB, and IB.
3. By substituting the IB values of the three variables into the equation, we solved it to determine the reliability of the theory supported by the data presented in three tables using a simple language of making clustering analysis: "relevant" or "irrelevant" to ensure an arrangement that demonstrates a sense of hierarchy, connectivity, or relativity.
Abbreviations
- SC: Source Code
- OB: Opened Bioscale
- CB: Closed Bioscale
- IB: Integrated Bioscale

The Source Code(SC) serves as the basis for all Bioscales (OB, CB, IB) and should guide the interpretation of research findings.
- The main distinctions among the Bioscales are as follows:
- OB: Lists all numbers without repetition, except for clarification, with a minimum of 2 numbers which must be definite numbers.
- CB: Comprises 3 numbers derived from the source code, with the first and last numbers being the same.
- IB: A single-digit number obtained by reducing the source code.

RESULTS
1-Cause Bioscales
Input: Cause
Data
O=26
I=4,3,2,1,0
Q=c-2,a-0,u-20,s-18, e-4

Computing
c[26^4 x 2]+a[26^3 x 0]+u[26^2 x 20]+s[26^1 x 18]+e[26^0 x 4]

Output
[927944]-SC
[9+2+7+9+4+4]
[35]
[3+5]
[8] –IB

2-Route Bioscales
Input: Route
Data:
O=26
I=4,3,2,1,0
Q=r-17,o-14,u-20,t-19, e-4

Computing
r[26^4 x 17]+o[26^3 x 14]+u[26^2 x 20]+t[26^1 x 19]+e[26^0 x 4]

Output
[8028674]-SC
[8+0+2+8+6+7+4]
[35]
[3+5]
[8] –IB

3-Host Bioscales
Input: Host
Data:
O=26
I=3,2,1,0
Q=h-7,o-14,s-18, t-19

Computing
h[26^3 x 7]+o[26^2 x 14]+s[26^1 x 18]+t[26^0 x 19]
Output:
[132983]-SC
[1+3+2+9+8+3]
[26]
[2+6]
[8] –IB

Table 1: Cause Bioscales.
This table lists the main factors contributing to the risk of contracting diseases or infections based on the opened bioscales (OB) sequence 8-3-5-9-2-7-4. The data indicates a clear hierarchy, with pathogens and venoms identified as the primary causes of disease, followed by another factor, with a special emphasis on human involvement.

SC	OB	CB	IB
927944	8-3-5-9-2-7-4 [8i]- Pathogenes [8ii]- Venoms [3]- Substances [5]- Smoke [9i]- Dust [9ii]- Radiation [9iii]- Chemicals [9iv]- Drinks [2]- Anxiety [7]-Food [4]- Irritants	-	8

Fact Check
Total= 11[1+1]=2[512]

Table 2: Route Bioscales.
This table illustrates the different ways diseases or infections can be contracted through the opened bioscale (OB) sequence 8-3-5-2-6-7-4. This sequence identifies 10 anatomical orifices through which diseases can be contracted. The table includes all stages of growth and development with an emphasis on prenatal, intrapartum, and postnatal stages.

SC	OB	CB	IB
8028674	8-3-5-2-6-7-4 [8]- Umbilical [3]- Cervix [5]- Nose [2]- Anus [6i]- Mouth [6ii]- Ears [6iii]- Skin/Hair Follicles [7]- Eyes [4i]- Vagina [4ii]- Urethras	-	8

Fact Check
Total= 10[1+0]=1[512]

Table 3: Host Bioscales.
The table shows the host groups ranked by vulnerability according to the closed bioscale 3-2-9-8-3. Humans are the most susceptible group to diseases or infections, followed by chickens, etc.

SC	OB	CB	IB
132983	-	3-2-9-8-3 [3]- Human [2]- Chicken [9]- Cattle [8]- Sheep [3]- Camel	8

Fact Check
Total= 5[512]

CONCLUSION

This theory was developed based on solving a linear equation by substituting the integrated bioscales of three variables(CRH): 8 x 8 x 8 = 512. This equation was further simplified to 512 = 512, and when reduced to a single digit, it resulted in 8 on both sides of the equal sign (5 + 1 + 2 = 8). The three tables representing different components of variables provide valuable insights into disease contraction connections(C-R-H)and suggest measures to interrupt these connections(A-P-M), as outlined in the theory.

When fully developed, this theory can serve as the foundation for a comprehensive medical encyclopedia for reference.

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