

The Pregabalin Hangover

PART 3. The GP-AI

20.01s) The Pregabalin Hangover – Part 3. The GP-AI (8 Nov 2023)

by Nick Ray Ball

Wednesday – 23:38 GMT – February 19, 2025

I stumbled upon this by chance when I revisited the first day in the OKR daily planner. It reminded me that I had titled part 3: The GP-AI, which is a valuable document showcasing the original ideas behind the GP-AI and my experiences while developing these concepts. However, as much as it relates to the GP-AI, there is a considerable amount of Economic AI affecting Human Economic AI. There is material available on S-Web, OKRs and it culminates with the Pain Hustlers – Speaker programme quote.

This is a significant discovery.

Sunday – 16:17 BST – Oct 8, 2023

GPT Master Categories.

1. About Pfizer Lyrica Pregabalin
2. About AstraZeneca Seroquel Quetiapine
3. For Dr James Jack
4. About my SIJ and Osteopathy
5. Create a Medical Record
6. Cool quotes, find the coolest quotes, or clever quotes.
7. EsH
 - a. Raja
 - b. Burgoyne
 - c. James Jack
8. ICP
9. SaB
 - a. Fialho
 - b.
10. Opioids or any painkillers
11. Anything Legal
 - a. LS3
 - b. LS4
12. iUK
 - a. Consider separate categories for GP-AI, TBS CC OKRs

- 13.DWP
- 14.Cape villas
- 15.TWB Screenplay
- 16.Government
- 17.S World ASI The 10 Technologies
- 18.
- 19.

Plus, I have these important points that must be created into prompts for GPT.

GPT prompts.

1. Order by time and date – Make sure each note, sentence, paragraph, or set of paragraphs GPT creates into the 16 or more categories, has the time and date written either at the beginning or the end, probably in brackets, so I can quickly go to the original document look up the time and date and find where the comment came from.
2. Keywords and misspellings of keywords due to dictation
 - a. For the keywords, the common fine is to do four sets of 5,000 words, the first 20,000 words as a test run, choosing which time I will add keywords, and misspellings, before circling back to the beginning and starting again.
 - b. This also applies to the prompts these first four sets of 5000 words will be for me to improve the prompts.
3. Change the plan to 5000 words at a time but reply to all 16 to 20 categories.
4. can I change the creativity settings for specific categories, in particular, can I suggest this answer should have a higher temperature in one category than another?
5. Max 4x same content in different primary categories
 - a. The maximum times you can put the same information in any category is 4.
6. Set Priorities from 0 to 100.

- a. So GPT knows which categories to allocate more tokens to, and to simplify the Max for the same content rule, each category should have a priority.
 - b. and potentially within each category each keyword within it should also have its priority.
7. Output for Microsoft Word copy and paste.
- a. We need to double-space the paragraphs and make the output in a way that I can copy and paste into Word without any problems.
8. Use the word 'Parse.'
- a. "Parse." When you parse a document, you analyse it piece by piece, often extracting specific information or keywords, which is similar to scanning.
 - b. This then is an exercise in parsing content from the pregabalin hangover.

Whilst the title of chapter 3. The GP-AI was created on the 8th of October, the document starts a few days before the 5th of October, see the pregabalin hangover chapters one and two, for the +/- 90,000 words of content.

The Pregabalin Hangover – **Diary Entries from 5 Oct 2023 Onwards**

Thursday – 09:45 BST – Oct 5, 2023

Day 53: 5th Oct 2023 – Pregabalin 400mg due to overwhelming anxiety

[200mg Pregabalin at night, plus 200mg in the morning]

9:45 – 200mg of extra pregabalin due to anxiety. 😞

I am sorry to say, but I woke up feeling very anxious, needing to cancel the meeting tomorrow, and feeling anxious about just having to cancel the meeting, and all things Cape Town.

I laid in bed for half an hour, cold, and it really did remind me of the anxiety I had, when I started taking it in the first place.

Which I am not going to get into now I have already explained it.

I was worried, the fact it was about this time last year that I was worried about, what if it is the pregabalin and it is holding my anxiety together? For sure I used to be an anxious person back before I met Sarah, 1991 to 94, and there were definitely times in Cape Town, I think.

Anyway, with nick and Rob coming over tomorrow, Mom going and Dad going away for three days, I cannot risk another day of this experiment in lowering pregabalin.

I have been defeated by it. And I am going to have to go back to my general rule, certainly, the rule I have strongly suggested to nick. And that is you do not try and give up medications in the winter. You save it till the summer, or the spring.

This is a bad, difficult day when I realised my dependence on this damn drug, is significantly more than it was for both lithium and Seroquel, albeit I do need several to sleep.

18:09 Thoughts...

I did manage to get back to work and started on the S World home page.

In terms of this document, be it for medical research, legal research, or as part of the innovative UK projects I think it might be time to write a new chapter.

I guess it would be the third chapter, I think I will go back to just the pregabalin hangover and adjust it to chapter 3.

20.01n) The Pregabalin Hangover - Chapter 3 (5 Nov Onwards 2023)

Of course, knowing exactly what chapter 3 is going to be about would be to know the future. The reason for writing it however, or more to the point designating it, is because I had expected it to be so hard to give up the pregabalin from a mental health perspective.

I thought, sure it will make me feel like hell for a few days, but after that, I will be fine. But now I worry that Pregabalin has become an essential part of my brain chemistry.

I did a long time ago about a year ago worry about my confidence in part due to pregabalin. It is after all that anti-anxiety pharmaceutical, maybe if you give it to a normal person, it makes them more confident than usual. And when you take it away, they just become normal again.

This is remarkably similar to the 'do I have bipolar argument,' I was having with myself in this paper a couple of weeks ago. I struggle with consistency; the last few days have been really very unproductive.

For now, I am going to have to just forget about lowering it below 200 mg until the spring. So, this document, which I had hoped would end in about a month, as I lowered down to zero and did not feel anything. Is not going to be that story, I have been psyched out by the drug. It has defeated me, or should I say I am defeated today because of it.

The story was moving very much over to the Seroquel story, which will of course still be told, but because it seems to be such a problem for me, and so it's going to be a problem for everybody else who's taken it. I need to try and find a road map that others can use to get off this drug and I have a reason to save the country billions of pounds.

18:30 – Save Doc and Rename.

The previous doc is called:

20.01n) The Seroquel - Pregabalin Hangover (12 Aug - 18 Sept - Onwards 2023)

20.01n) The Pregabalin Hangover - Chapter 3 (5 Nov 2023)

18:30 – 50 mg tramadol

Day 54: 6th Oct 2023 – Chapter 3. LS4

[200mg Pregabalin at night]

11:19 – From the recording:

LS4 Care, Done Care, Care & Lyrica Addictive Label.

Bookmark:

Pfizer Lyrica is more addictive than cigarettes and alcohol:

Pfizer Lyrica Pregabalin is much harder to give up and is much more addictive than drinking and smoking a packet of cigarettes a day for 30 years.

It is easier to give up drinking and smoking than it is to give up Pfizer Lyrica Pregabalin and that is the problem.

It's impossible to give up because of the double whammy of the hangover but also the mental unclarity that I experienced which started chapter 3 of the Pfizer Lyrica Pregabalin Hangover.

Now we're going into legal strategy four [LS4}, and the care don't, care, care again perspective, because if you take away the ability to care don't, care, care again, if you make it a drug that is so hard to give up, is so addictive that you can't give up the drug, and there's no one talking about how to give up, no medical advice whatsoever other than trying 50 mg at a time, which in Chapters 1 and 2 you know that didn't work.

The Pfizer Lyrica Pregabalin Hangover – Chapter 3. The Care, Don't Care, Care Again Algorithm!

This is the title I have chosen from the above section. I have substituted the word perspective for the algorithm. I did not think the word perspective was strong enough, it implied a point of view as opposed to a necessary fact. Now I do not know neuroscience and neuropsychology anywhere near as well as a specialist. My preferred specialist is Kay Redfield Jamison. Ideally, Kay Redfield will go through this presentation and will be able to substitute the word algorithm for the correct clinical word.

I say algorithm because I only know this process mathematically and through the lens of knowing a little bit of quantum mechanics, I have a loose understanding of Neuropsychology and science. Let us learn just put a definition to algorithm; in this case, algorithm means a set of instructions to follow to complete a process. As you can see that makes sense in terms of the chapter title

Chapter 3. The Care, Don't Care, Care Again set of instructions to follow to complete a process!

And written like this I hope you can see what I mean, the entire care, don't care, care again process, is of course completely disrupted if you take away the last part, the care again.

add how that relates to the product Pfizer Lyrica Pregabalin, is my statement that for me it is the hardest thing to give up, it is far more addictive than anything I have ever experienced.

From Bookmark 2...

So yes, the care, do not care, care again algorithm is completely defeated if the person cannot give up Pfizer Lyrica Pregabalin because it is so hard to give up.

It should have an addictive black stamp on it

It must, at the very least. be given a special warning!

And everybody is on it must be given counselling for how to give it up, in the

same way we would if they were taking opioids,
The reason we do not like opioids is because they are addictive, yes!

Not because of the come down that it gives, it becomes impossible to give up and that is the addiction – “you can't give it up because of the flu and the mental unclarity you're going to get.”

In terms of that mental unclarity, we only need to see that one of the uses of it, not what it was made for but what it was tested to assist, or was at least seemed to assist by doctors, and so the old wives tale that is off-brand usage says it's good for anxiety. Add it probably is.

So, what you got to think about is, everybody you give it to who does not have anxiety. For the time you are giving it to them, they will have less anxiety than normal, surely? It has got to be.
if you are not completely convinced by that you should be then thinking about it for sleep. I was not given it for sleep, found when I went from 400 to 200 mg, I could not stay asleep, to this day I still have to recharge with more sleeping pills at 4:00 AM!!!

The same is going to be the case with anxiety. If you give somebody a drug that makes them less anxious because it makes everybody less anxious if you give them that drug for pain or epilepsy. And you then take that drug away, not only will you mess with their sleep you are also going to make them more anxious because they have been used to this less anxious state. It is kind of like the relational formulation of quantum mechanics, you don't ever actually see anything other than change, I hope you're following me. If you give a drug to somebody normal, that makes them less anxious [and it would be a good insight experiment to ask people if they felt more confident after taking Pfizer Lyrica Pregabalin] if you give a drug is somebody normal that makes them less anxious, possibly even makes them more confident. You create the change, there is a new state, to go back into quantum language.

you created a new state and that is fine because that is how time exists, time is the changing of states. However, time will have moved forward, and a new brain state will have been created, maybe a more confident one.

do you see where I am going with this?

we are going to the place where you take away that Pfizer Lyrica Pregabalin from a normal person who has been potentially made a little bit more confident for a while. You are changing the state of that person's brain chemistry again, this person is now less confident, and at this point, the drug could actually cause anxiety, in somebody who wasn't anxious before they took the drug. Because you have changed the state to being less anxious and then changed the state again to being normal. But the change from less anxious to normal is itself a change to being more anxious.

OK, that is enough of this, I have made the points that I wish to make, and this will be the theme of chapter 3.

12.10 - gtp-3- turbo-16k

But before we properly start chapter 3; I want to do some practice with GPT open AI playground and the new to me gtp-3- turbo-16k. Gives me the ability to take 12,000-word chunks of the story so far. I ask GCP to summarise particular points. The first job for me is to work out what are those particular points.

1. About Pfizer Lyrica Pregabalin
2. About AstraZeneca Seroquel Quetiapine
3. For Dr James Jack
4. About my SIJ and Osteopathy
5. Create a Medical Record

OK, I was thinking about this last night, and this is the provisional list I have made. Now my friends nick and Rob will soon arrive, so I am going to end this process for now and make a dedicated document for gtp-3- turbo-16k.

Making the correct prompts, once that has been done, I can go through the 90,000 words in nine different chunks 10,000 words each, as it just makes things simpler. Create a 1000-word summary for each 10,000 words, or less if it does not have one thousand words to say. We will be left with 'currently' five different summaries up to 10,000 words long about the specific subjects listed above.

This is turning into the GP AI

The GP AI

I'm very interested to see how this works, it's quite a bit of work, and it'll probably be all weekend, I once created I can drop the summaries into this document, and these summaries will tell the stories so far, about the keyword categories I've written above and will amend as when I can. For now, having completed the day's task of setting up this project, I am going to move to social mode.

16:45 – 50mg Tramadol

18:25 – 50mg Tramadol

10.30 – 50 mg Tramadol

Day 55: 7th Oct 2023 – Stack Path CDN Disaster – Tinnitus & Stress – This doc is now part of LS4.

[200mg Pregabalin at night]

Today is probably the worst day of the year, wow I guess if I look back on it there are a lot worse days because mentally, I am still intact right now, and I'm in no pain.

But What just happened is likely to break me.

The biggest problem I had last year was the Mac CDN disaster, a complex piece of the S web system retired, and we had to swap over to their newer product, lots of time I spent loads of time beneath had to spend. And its success was the biggest achievement last year.

Now the company we swapped to who was advised by the company we had swapped from is retiring their product. So, it all must be done again.

But whereas last year I was physically able and was mentally able, this year is fucked! In both departments.

Making this challenge far harder than it was last year. And last year beneath had lots of warning and was happy to work on it with me, and I worry this year it will be different but because he's been busier and this is already something he's done, and it's not what he does it's not what he wants to do. I could understand him not wanting to do any of this.

I do have some money saved up which I can use to hire a system admin which at the same time I suppose I could use to fix some of the problems we have got in that department. But it is a huge task, the I have to project manage hands-on. And given that my mental state has shown me fluctuating having full weeks of being mentally incapacitated, and I have only got six weeks to do this. And it was the end of summer, and I had so much to do, this was an absolute disaster.

I am not broken yet, but this is going to push me close to the edge.

All I can do for now is hope that beneath the answers in a positive way, he is yet to say hello today which is exceedingly rare.

But I think the main thing I am gutted about is this has destroyed my innovative UK presentation.

I had to work well today and tomorrow and all week to present on Friday, but I think it is simply not going to happen, and I may as well just give up and move on to legal strategy 3 and 4.

However with that said, I believe the common task was actually to run this document through gtp-3- turbo-16k Walsh that's not something I can necessarily do right now, that is a morning task for when my head is straight to get the prompts right, I may be out of continue with it tomorrow.

I do not know; this is a tough one.

What makes it harder is I can't lay on my left-hand side and do this dictating for long, I cushioned it up but it really hurts to lay on my left for any length of time

last night it was agony just trying to lay down to sleep, I ended up sleeping on the semi inflated doughnut cushion.

16:50 - 50 mg tramadol

18:45 - Tinnitus Crazy Loud 100% due To Stress

I just made a voice recording to say that the tinnitus has come back vigorously today, just last night I was praising my good fortune. I was in a lot of pain and had to actually lay down and sleep on top of the donut-shaped inflatable, due to the left hip bone being so bruised with 10 months of lying on it.

I know I remember thinking thank God I do not have bad tinnitus now, as I remember I was listening to my book, and thinking you know what it is great that at least the tinnitus seems to have gone away or at least is not in my face anymore.

But bang it is back really loud, crazy loud.

So, without a doubt, tinnitus must be due to stress, unwanted, not this stress that I can give myself by wanting to push forward with the innovative UK which is quite a stressful process. No, I have not had tinnitus because of that, bang when the system CDN goes down, I have a deadline of only six weeks in which to do some very clever stuff that I do not know how to do alone.

Then bang the stress tinnitus is back.

I wonder if it is because I am now realising that I have to put the innovative UK thing in the background and now go back to the LS3 LS4 task and the debt rating mountain of admin particularly the medical admin and the Department of Work and Pensions admin. And I can tell you that just saying these words has already given me chills. This was very dark for me last time and it caused incredible suicidal thoughts. I do hope that this does not happen again but, who knows with winter coming.

The LS4 point here is that tinnitus is caused by stress, and tinnitus is definitively one of the medical conditions that makes me suicidal.

You just want to kill yourself to stop the bloody thing ringing in your ear sometimes.

And with this, I am realising that we're going to have to change the nature of the document from medical research to legal strategy.

19:30 – 50mg Tramadol

21.00 – Economic AI

You have to laugh at this, I just realised that there is no such recognised thing as economic AI. And so, I am putting my work as the first example of economic AI. See the dedicated document I made about this.

20.06v) Economic AI [A GPT Conversation] (7 Oct 2023)

21:30 – 50mg Tramadol

Despite the mental boost, physically I am in quite bad shape with some itching and soreness, which could twist my mind back I am going for a third tramadol for the third day running, sorry I think that is the second day running.

Unfortunately, this document is recording slowly again I do not know why, well if I do it is because I have not saved the beginning. Must do that tomorrow.

Day 56: 8th Oct 2023 – part 4. The GP-AI – Great Mental Recovery

[200mg Pregabalin at night]

[SIJ – 900 extra steps walked today]

11.50 – Caffeine (14mg)

This morning, I woke without any of that anxiety, or pregabalin hangover. Yesterday's worries seem far less problematic it's just a case of time and money, I must allocate time and money.

I quickly started rescoring my OKRs and realised I needed to give a title to the letter I started to write to Ryan which I did and I was quite happy with it, as a beginning. And I was quite happy that I wasn't distressed thinking about Cape Villa's history.

I quickly looked over and added some to that document so some of the content was only relevant for S world iUK, but that's OK. Here is the doc: 20.02a) First Draught of Message to Ryan at Cape Villas (22 Aug 2023)

12.00 – The Pregabalin Hangover (TPG) Chapter 1&2 Gpt-3-Turbo-16k Summaries.

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12.40 – Out to the Garden to Work on TPG Chapter 1 & 2 GPT-3-Turbo-16k Summaries.

16.20 – Caffeine (14mg)

16:44 - Racing From Caffeine.

I am now quite accelerated from the caffeine, this is fine as long as I don't do anything that causes pain, so I must move around quite a lot, and change writing positions. Fortunately, I'm getting quite good at this.

The afternoon's work was nothing short of brilliant, with 23 different voice clips each with its own point mostly about TPG font some good ones for the S world homepage as well.

GPT Master Categories.

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17:50 – TBS-CC OKRs multi-category key result.

I'm very happy with the above it's a great multi-category key result, it's good for the GP-AI, oh at least one I hope the GPAI can be, but it's also obviously great for Innovative UK, great for legal, great for everything.

What's particularly good is that I managed to do the recordings and write up the recordings on the same day, essentially in the same session. So often in the past, I've not been able to complete, things that made me move to other tasks, today we've got a complete overview of the spec, and the categories I want to create for summarising the first 90,000 words of the pregabalin hangover.

It's going to be interesting to record the results, well if it works that is. But I have a good feeling it might.

18:00 – Thumbs up for the caffeine.

That was a good 90-minute work, fuelled by the caffeine, which has not caused significant pain. My SIJ is a little tender, from the walking to the garden and back, probably.

That's the second hit I've had today, and it's definitely a good way right now with my mental health hanging in the balance, to get work done. I must however remember not to push it, and with that said I'm going to stop pushing it right now and have a bath.

I did some great recordings for S World, but I did not get a line them up to add to the homepage in tomorrow's daily planner.

18:50 - 50mg Tramadol

18:48 – 900 extra steps today

Note that I probably walked an extra 900 steps today, and I've now made that a dedicated bracket that comes after the amount of pregabalin I've taken each night. That comes after each day's title. This is in part, as a better way of recording key data in future GPT edits.

20:20 – Back Pain & SIJ Sore – Pain Level 4.5

I've had a bath and I'm feeling good; I have back pain probably from lying on my stomach and some lying on my knees, combined with the amount of right-handed mouse clicks I've been doing on the new Dell computer.

The SIJ is also quite painful, from the approximately 900 extra steps walked today.

A combined pain level of 4.5.

Time for another tramadol not that that will probably have much of an effect on this type of pain.

20:25 - 50 mg tramadol & 300mg Nurofen

Day 57: 9th Oct 2023 – SIJ Pain 😞 - Medical Admin Terror & CDN Tripple Terror

[200mg Pregabalin at night]

[SIJ – few extra steps walked today]

08:30 – Sleep Problems, And Woke Up in Pain

after another night of it taking about four hours to get to sleep from when I started taking sleeping solutions, I probably got to sleep at about 12 or 1 a.m. I woke at 4:30 as usual but I changed the alarm, and for some reason, I woke but I didn't take the sleeping pills [zopiclone melatonin] so whereas the last two days I've woken at about 10:30 in the morning fully refreshed. Today I woke up at

8.30, I could feel immediately that I hadn't recovered from yesterday's overexertion. [The 1000 or so extra steps I took outside]

10:45 – Anxiety About Medical Admin and CDN Task Terror.

I just had a conversation with my mom, in which we started to discuss some medical admin and the change of a dentist appointment, and I started to get cold and depressed. The idea of having to go back to spending weeks and weeks writing to doctors who will never reply or even read what I send, is just a horrible world to live in, when you've got so much else to do that was caused by other doctors in the first place.

This then got me thinking about the big CDN problem, and I'm very close to giving up on this week, and just accepting that I can't do the things I want to do and must do medical admin and CDN admin, but I'm going to keep my head above ground. I just went and had some extra puffs of marijuana; I didn't manage to block out that negativity.

I have managed to catch up on the OKR DP scores.

10:55 - Shoulder in Significant Pain Due to Mouse Button.

I have to accept that the problem I previously had with the left mouse button on the Dell 4 Win 11 computer, affects me no matter which position I type in. I had forwarded it just when I was lying down on my back and typing. But it seems when I lay on my left-hand side, dictate, and use my right hand for computer operations, even just moving my right hand around the tracker pad, aggravates the shoulder pain, which seems to just dig into the SIJ.

11:00 – 50mg Tramadol

This is the first time in probably a month, that I've had to take tramadol in the morning. 😞

11:35 - Swapped Back to Dell 2 Win 10 Computer.

Which of course has the problem it doesn't have the emails on it. Bar in light testing I can use this computer without it causing too much pain, the only pain

I'm probably feeling now is because of the previous usage on the other computer. I am however feeling pain in my left hip still.

I'm just finding less and less ways to work 😞

15:35 – ALL COMMs & Elon Musk H3

I've been thinking about the system while starting the new Elon Musk book. I started making some notes in the audiobook, then thought it would be better to make a document where I could just voice clip the actual quotes. This then can become a GPT turbo 16K prompt.

I can take all the quotes I love from the Elon Musk book, all of which will relate in one way or another to work I've already done. Then when I want to write to Elon Musk about any of the particular technologies, I can load that technology 5K prompt, a 5K prompt of the Elon Musk quotes, and ask it to write to Elon Musk or someone connected with him, about that particular technology.

This then embodies the idea of what ALL COMMS was designed to do. There's been a lot of talk about other things it can be repurposed for, HMRC for example, but little about its primary purpose which was to soak up all the S world information and be able to communicate that information to others.

And now with the recent innovation in aspirations in calling S World economic AI, indeed the world's first economic AI design let alone completed project. It's fair enough to be starting to think we need to communicate with the Elon Musk's of the world.

This will become part of the S World homepage presentation, which I can now see being a write-up of about four or five different major points, and the home page will give the information, and graphics but at the beginning world push towards these points.

Richard Thaler, Kate Raworth, Bill Gates, Melinda Gates Prompts
from old docs .h3

What could be remarkably interesting will be the ability to, condense all colours presentation so far into about 5000 words. Then I went over the old documents I made before I had the dictate function where I copied out works by Richard Thaler, Kate Raworth Bill Gates Melinda Gates, and many others.

Each time, I combine the favourite bits of their books with exactly the point I'm trying to present within the tent technologies.

In exactly the same way, or at least in a terribly analogous way to how the GP AI would work. Remember the GP AI is a repurposing of the ALL COMMs technology, that allows, GPT access to all data I've ever written, which when we include these other smaller books that we have not books they were just long documents on other people's research, when we include those we're now hitting 20 million written words. Enough to give at least 10,000 words of content to each individual concept, enough to answer 99% of people's questions.

In doing so will explain how end technologies are genuinely economic AI

16:00 – The GP AI

The Question Is - Can A/The GP-AI Outperform a Human GP.

Of course, I would say yes, that's obvious. There really should have been no excuses, but at every single turn they got it wrong, and then they tried to cover up their mistakes. GPs are humans, humans make errors and bureaucracies are built around hiding those errors.

I would say if you were to do some tests, that the NHS GP didn't know were being conducted, and so wasn't on guard or being especially diligent, we would find the GPAI far better at diagnosis, given the patient has a medical record, and can communicate those complaints. The GPA I would probably score 9 out of 10, and the human GP would probably score about 5 out of 10.

1000% better at psychiatry

However, I can't say I know that much about GPs because I've only had one. What I can say to you for sure, is that in psychiatry, the GP AI would likely score a 9.9 out of 10. Given five or 6000 words of honest conversation, we must add the proviso that the GP-AI can't help people who are lying, Ann can't detect who is lying.

However honest people, of all ages, might be comfortable with a 99% diagnosis correctness, and I think we'd all agree that most psychiatrists would come up with a different medication to another, therefore, when it comes to prescribing the right medication, if medication is needed at all, psychiatrist will at best have a 50% accuracy, that accuracy will fall to about 1%, when it comes to gauging the side effects and medical complications of each pharmaceutical, as you need daily at first and then weekly feedback to the AI every single day. The thing with pharmaceutical drugs is they can catch you out and you don't know you've changed, and then suddenly that's it - ban 13 years of your life is wiped away. It's a chilling statistic just how many people out there are.

So yeah, the GP-AI is for sure better than my GP, and without a doubt, the GP-AI absolutely annihilates the psychiatrists I've met, I've known 3, and all think they're very clever, but they deal with a very imprecise science that is written by drug companies. And it's changed to bend whatever FDA bribe has been accepted, or other corruption in the process exploited.

In psychiatry it's the fucking Wild West, really it is, it's absolute mayhem. In part because the drug companies keep getting fined, billions of dollars, for doing really bad shit, but then the files are sealed, and no one can talk about it. So, the psychiatrists have absolutely no idea, and no wish to know, about how they've been fooled all these years and have been prescribing stuff that should never have been prescribed due to the corrupt no objection to off-brand usage laws.

The GP AI can outperform any human GP, given they have a medical record, and can communicate in some language.

18:10 – Morning BACK/SIJ Pain definitely from mouse button H3

Despite being able to do some work on my left-hand side, I found lying on a pillow and the doughnut inflatable helps. I have found my right shoulder got better as the day went on. This means without a doubt that a significant part of even my back problem my SIJ or a combination of both is triggered by the mouse click on the index finger of my right hand. And, in contrary to my opinion from before today it does not make any difference if I'm lying on my back with my arm almost straight, or if I'm lying on my side with my arm in a mid-front crawl stroke position.

Note that I've been working with GPT all afternoon, I'm from now on whenever I've got something important to say, critical. I will make a header for it and give it the H3 header, now when I copy and paste it into GPT it can't see the headers. I'm sure in future the Microsoft will work out a way for that to work but right now it doesn't. GPT has no way of knowing which header has a 1234 or five. Unless I tell it.

Ideally, I'd have done this from the beginning, but it's all a learning process, in one way or another. Today, I've learned that if I want GPT to be able to know which are the priorities, single lines of text after a time that end with an H3, and the content that appears after it up until the next timestamp, are all relevant to the keywords of the header.

18:20 – 50mg Tramadol

20:15 - Important note for Doctor James Jack .h2

I've forgotten what this note was but remember that the important thing was that I was going to do a parse test.

The sentence I want GPT to pick up on is, well let's make this a challenge, that I will say to prioritise the H3 headers, so ideally, this sentence and the one above it should be copied verbatim or summarised at this time as an important note for doctor James Jack in the doctor James Jack parse category.

Ah yes, I remember now, it wasn't that important a note for Doctor James Jack, what was important was this test idea. But the note for Doctor James Jack is simply that.

Today I've had to start brushing my teeth on my knees.

I am now positive that I have a certain amount of either step Walked, minutes stood, or minutes sat, within three days.

Roughly 2250 metres outside, and about the same inside.

5 minutes standing up.

5 minutes sitting down.

As soon as I go above the average set out above, it will start to cause significant pain, and like today I have to kneel to brush my teeth and stuff like that.

Remember that my mother brings all my meals to me, and I don't do a thing around the house.

[It will be an interesting test to see if the above message is picked up because I've added an H2 tag to the header.]

20:00 – 50mg Tramadol

21.10 - Care, Don't Care, Care Again for Doctor James Jack .h3

Another important note for Doctor James Jack is to mention that the overwhelming psychiatric advice and indeed the only psychiatric advice has been to smoke cannabis, however, question the neuropsychology of this psychiatrist, and think amitriptyline would make more sense as a first resort. I can't do cannabis and business at the same time; I don't think it's clever for a psychiatrist to advise their clients to smoke marijuana as freely and without consequence as they do. But I understand it's their way, it's just not the correct way in my opinion. Especially given my unique circumstances where I am unable to exercise therefore, I am depleted in terms of endorphins and amitriptyline is one of only three antidepressants that can provide endorphins, without having to take the next step which would be to permanently take morphine or one of its derivatives.

I do see this as a better alternative than constantly being stoned, Certainly in terms of business, but out of the 3 options; opioids, marijuana or amitriptyline, given that I am also suffering from a lack of serotonin, amitriptyline seems to make the most sense, and I've spoken to a friend of my mothers who is on it he

was perfectly capable of running a business at the same time. And has taken it for decades.

I could start telling you about the care, don't care, care again Max 2-month recommendation, that I would adapt to simply take it in the winter, stop it in the spring. As I'm generally fine in the spring, the only worry I have at the beginning of spring is that at some point winter will come again.

However the care, don't care, care again the concept is a subject to which one could have a 100,000-word conversation quite easily, waiting for the summary of the paper to crunch it down to a thumbnail, people care, great tragedy happens and sometimes those people take drugs that stop them caring as much, in my case, unfortunately, somebody got that wrong and gave me Seroquel, this created don't care, I didn't care about anything. The trouble with this scenario is I should have been taken off the don't care drug at most two months after I was given it considering the only reason, I was given it was because my daughter had passed away.

I cared, I didn't ask for help, but a friend thought she was helping and gave me a Wapping amount of industrial-grade antidepressant, which might be philanthropic and didn't care about anything. Not least of all seeing this my friend again or even staying in the same hemisphere as her.

13 years later having lived with my parents the whole time, imposed on them grossly, after COVID, I realised most people didn't live the way I was living, I got incredibly physically strong and gave up all the drugs. And I was better, immediately got back to business, but then tragically came the SIJ, and the faulty towers which is the NHS.

[it will be an interesting test to see if the above message is picked up because I've added an H3 tag to the header.]

21:25 – Medical Record Update .H3

In this example, another parse test, I've mentioned the category medical record in the header, as well as designating it h3.

What I would hope at the least is that under medical record it would add today's date, what day it is, day 57, and the time, and it would at least quote the sentence above verbatim, and probably take this sentence as well.

It's an interesting parse test and helps me understand the importance of the creativity temperature setting, and also, the repeat words and phrases yes or no setting. For medical records there shouldn't be a problem repeating, indeed we would want to see repeating as a lot of the same thing would indicate a bigger problem.

As for creativity, well that's it it's reply, if it's summarising which is what we're looking for in the medical record, we don't want much creativity, but if it's trying to diagnose something complex, then we would want creativity. But in General, Medical records would be low creativity repeats allowed.

One thing that's probably important, is trying to repeat keywords in the dialogue as much as possible because they're more likely to get picked up in the parse.

Day 58: 10th Oct 2023 – Economic AI & ALL COMMs Day ☺

[200mg Pregabalin at night]

[SIJ – 350 extra steps walked today]

18:45 – 50mg Tramadol

19:15 - slight pregabalin hangover?

I don't know what to call it, my feet are tender, and the aching is more pronounced in my hip, my feet went 20 degrees, and I had that cold freezing feet worry. It felt like a slight pregabalin hangover, that's the best way I can describe it.

On second thoughts, it's possible, slightly possible, it's the anti-inflammatory wearing off. I had 300 mg of Nurofen at about 13:30

A good day's work on economic AI and ALL COMMS

Other than that, it's been a very good day, a lot of moves forward and what clever, in the two days I've got, I expect to be able to create a pretty darn good presentation worthy of somebody replying positively.

I very much have the deal with myself in my head, and that deal is next week I must put more focus on LS4 than Innovate UK. I really do hope I can get a

complete presentation that I'm happy to send to people and present to Chetan on Friday.

Fingers crossed; I can get that done.

Finding somebody to discuss this with, is all I need to do, to have accomplished a win this summer, the first one since well, 2010. In terms of communicating any part of as well with anybody.

Day 59: 11th Oct 2023 – Economic AI & ALL COMMs Day 2



[200mg Pregabalin at night]

[SIJ – 50 extra steps walked today]

due to significant amounts of work done, which has caused soreness, and now my feet have just gone freezing from being outside of the duvet for a few minutes.

It seems to be going well, I've just focused on the one document.

20.06w) Economic AI – S-World – All COMMs [9 min recording] (10 Oct 2023)

If I can complete this today and get it online by tomorrow morning, I will have accomplished a lot. If I fail at this, and only get this completed by tomorrow evening, I would have failed.

Pressure, but as I heard in a film yesterday, fear is a choice.

And so, I choose not to be overwhelmed by the deadline, but to complete it.

16:35 – 17mg Caffeine

19:30 - 50 mg Tramadol

Unfortunately, I think the caffeine was not as clever as I thought, I did the work but did too much and, 2000 words too much, I have to look over it again. But it certainly is not complete today.



Bath time.

21:00 - 50 mg Tramadol

A note on pain, SIJ, for James Jack and general reference, is that whilst I walked less than 50 metres outside today. I did have a bath and was able to stand for about 4 minutes when filling the first hot water bottle.

However, I have been sore and ached all day, But not terribly.
What I'm looking for, hoping for, is that tomorrow, after two days without having done any significant walking outside. I am in general less achy all day, and again I'm not particularly in agony in the evening.

Fingers crossed.

04:00 - 50 mg Tramadol

By this point, the previous tramadol had worn off and I was feeling like I desperately wanted sleep, and the tramadol would probably help.

Day 60: 12th Oct 2023 – Economic AI & ALL COMMs Day 2

😊 - Did not sleep till 4.30 a.m. last night.

[200mg Pregabalin at night]

[SIJ – 50 extra steps walked today]

I could not sleep till 4:30 AM last night, I did rest from 21:00 and don't feel overly tired.

the trouble is I'm starting to enjoy the evenings and one stop in them I don't necessarily want to go to sleep, so I'm not very serious about my sleep, and I end up not sleeping.

Tonight, I'm going to push through working till 9:00 or 10:00 PM, if my body allows which it should

11.10 – DHC Talking Therapies & Complaint

Video: DHC Talking Therapies - A very pushy Samantha makes a transcription error, I ask her to correct it, but she gets angry and ends the session. #SaB (12 Oct 2023) 11.12 BST

Video: DHC Talking Therapies - Complained to Nicky from Admin about Samantha who said I felt, not I was overmedicated ⚡ #SaB (12 Oct 2023) @ 11.41 BST

12.00 – 9mg caffeine

OK, I'm trying a small amount of caffeine, and no marijuana at all, let's see if we can get everything done by 2 p.m., starting with me dictating the end of this recording.

Then go back and correct the \$1039 Basic date of 2021, not 2022. And give it a listen-through.

then at 2:00 PM, put it online, in HTML.

[illegible]

Video: DHC Talking Therapies - Kim Oakley called and in the end, I gave up, the process seemed very negative, and I felt bad and said no more #SaB (12 Oct 2023) @ 13.44 BST

I wasted my last two hours speaking to Kim, and in the end decided that their process seemed to be something that would just disturb me, and put me in the same mood I am in now which is a lot worse than it was when she called me.

The same as Indrani

so I eventually told her that I didn't need her services, I was told I would be speaking to a psychologist and there clearly wasn't anybody qualified to speak to me, I feel their process which seems to be a bit like the rehab break them down the process, is not appropriate. They seem to be about managing expectations,

which is a very British working-class narrative, that I don't subscribe to, I don't think negativity, doom and gloom and pessimism are the best way for me to go forward. If that is what it was it was on offer, which it seemed to be.

I am mostly upset about the last two hours gosh how am I going to get that back?

15:30 – Video: DHC Talking Therapies

Going well, but it's just amazing how many people you can tell, in the NHS that a doctor is supplying patients with LSD equivalent drugs, and is dragging them, for years with this intense hallucination effect at night.

And none of them care, nobody at any point has ever said all this isn't a good thing we should try and stop this. I didn't expect it from them, but I was disappointed, that they just seem to have no form of internal discipline in the NHS. There is no Oh gosh how terrible, let's stop this, it's just we've got a particular process that we follow, and we don't care about anything else.

1. Video: DHC Talking Therapies - A very pushy Samantha makes a transcription error, I ask her to correct it, but she gets angry and ends the session. #SaB (12 Oct 2023) 11.12 BST
2. Video: DHC Talking Therapies - Complained to Nicky from Admin about Samantha who said I felt, not I was overmedicated ⚡ #SaB (12 Oct 2023) @ 11.41 BST
3. Video: DHC Talking Therapies - Kim Oakley called and, in the end, I gave up, the process seemed terribly negative, and I felt bad and said no more #SaB (12 Oct 2023) @ 13.44 BST

18:45 – 12.5mg Caffeine

OK, I'm changing the evening shift, instead of breaking at this time, I'm going to do another 2 or 3 hours.

21:40 – End of work, start sleep sequence.

22:15 – 50 mg tramadol

Day 61: 13th Oct 2023 – HEAI – Human Economic AI – \hbar 

- slept well.

[200mg Pregabalin at night]

[SIJ – 50 extra steps walked today]

Today is fantastic, but I've worked too much to be able to report on it, see the TBS for the docks made, I'll be sure to make sure they're added tomorrow.

I just got to report on when I took one tramadol.

19.15 – 50mg Tramadol

21:15 – Pain Level 3. 50mg tramadol

Despite not walking much today I did a lot of work and laid on my left-hand side a lot.

Day 62: 14th Oct 2023 – Vineeth is OK – \hbar  - slept well.

[200mg Pregabalin at night]

[SIJ – 50 extra steps walked today]

Today was good I was positive throughout, and it was great to hear from Vineeth, he's fine, I will help out rolling one site back to the OVH server next weekend.

I made solid progress on the HEAI and DevOps adding categories for each. But was quite sore all day and had to stop work several times, and watch a video, fortunately, there was a good series on the Internet billionaires.

19:15 – Freezing Cold

The trouble is it's the first day it's got cold, the house is freezing, and I am much, much colder than everybody else in it even though I'm in a much warmer room. My skin is itching, so I got to go through a bath and the whole getting into the bath it being so cold downstairs is a shock, it's unpleasant and I am very worried about the winter, with my freezing feet condition that nobody seems to care about or even if they do care they can't do anything about, is just unbearable.

For LS4, I'm going to start writing two doctors using the language, cruel and unusual punishment, and torture. Their lack of attention is cruel and unusual punishment because it is tortuous to be this cold.

Nicely in a positive phrase but I'm really worried about this cold, and I genuinely wonder if tramadol can be used as a way to not stay warm but to not worry about the fact it's cold and if that can't be maybe I should be taking the amitriptyline antidepressant, I need some drugs inside of me that can keep me warm or I need to move to a country that's warmer or I need the whole house heating, and that's a battle I'm never going to win no matter how much money I provide. I literally will have to get my own house to live in if I need it to be warm enough. It is basically like being 10 to 15 degrees colder than everybody else.

And I'm constantly changing between sweating and freezing, as I add more layers and take more layers off, and this makes the skin itch and my feet very sore.

19:25 - Tramadol

22:00 - Tramadol

Day 63: 15th Oct 2023 – 20.06w EAI S-World Progress - slept well.

Missed Laxido?

[it's possible I missed the Laxido today, I found the packet with the top cut off but not pull it out the next day!]

[200mg Pregabalin at night]

[SIJ – 100 extra steps walked today]

Got up felt good and had a really good 6-hour session on

20.06w) Economic AI – S-World – All COMMs [9 min recording] (10 Oct 2023)

This is the closest I've had to having something that really shows all of S world but isn't too long and includes the most recent parts that make it a tale worth telling.

It's particularly cool because I started with that 9-minute recording that I still have. The idea was on the homepage to have GPT make a smart brevity 400-word summary of it, with the clip to the voice clip at the very top, and a complete home page below.

Now I may have taken more time adding to the page, and we've got all the extra work now which is on human economic AI, but I'm glad it's all happened because something substantial is near.

I think one more full day on this, or afternoon. And then one more day coding it. And I can get it online by Friday.

I have to do some admin this week I got to start that appeal, and write Doctor James Jack, and probably right to Ryan, before starting the legal work next week, or the week after probably.

My plan to deal with this mentally is to only have two days of this legal medical admin stuff, and two days working on Human Economic AI, and as soon as this homepage is put up and I've got the basic wow principle there we go immediately to complete that ALL COMMs Innovate UK application and then start sending that to some of the subcontractors and give it to innovate the UK see what they say.

It's probably better to give it to Innovate UK and ask them if they have any particular subcontractors they recommend for this project, letting them know I have the list of 61 that came from the event.

what would make the most sense would be to let them know I've got that list, send it to them and ask them who they recommend and if not someone there then who.

14:00 – 75m Walk.

Just a little test, not too much, but I think too little it's too little, and maybe metres outside of day would be the optimum at the moment.

17:50 – 50mg Tramadol

maybe this is a little indulgent but since I regularly take tramadol at 6:45 for dinner, one hour earlier just means that pain sometimes comes after dinner potentially won't. When I say pain, I mean pain and discomfort.

One thing to keep an eye out for though is the skin on my face feeling itchy, I've been noting this as a regular event after dinner. There is a slight possibility it's the tramadol, so let's look out for that if I start having it to the skin in about half an hour or an hour let's note that.

18:20 – I did ponder upon my skin itching on my cheeks.

just below where my glasses are. It is not unusual; indeed, it is a significant problem, just one that with so many other problems haven't been as pronounced.

I've had this problem for quite a while, a month ago I threw away my old flannel bought two packs of new ones and have not since used soap on my face. And as I remember at the time it was sunny so I shouldn't have had any itching, historically the only itching I have is when I've not been in the sun, and it was on the back of my legs where I think the material was the problem.

Last year everything itched but because I was just carting loads of earth from the house into my bed and it was a big mess, I just didn't realise laying in the bed all the time in a bed that isn't completely clean is going to make you itch. That combined with the lack of sunlight saw me at the dermatologist.

As I look back, I think it's a different problem to the problem that I had with my left-hand side and the eczema. Certainly, I don't think putting the cream I have for eczema on my face is going to do any good whatsoever, and I don't take the pills he gave me which I think were antihistamines, because I was given pills by so many different doctors none of them had any idea of the impact of that mass of chemicals which as we know caused all sorts of terror.

The sensation has passed, and I have managed not to itch my cheeks with my fingers which makes it worse. I guess one test would be tomorrow not to have the tramadol until later maybe 21:00 and see if there's any itching before that time. And I'll think about it over the next hour or so.

20:15 – 50mg Tramadol

Day 64: 16th Oct 2023 – Physio Says Walk More! – Medical Admin Stress

Constipated all day!

[200mg Pregabalin at night]

[SIJ – 250 extra steps walked today]

9.00 - did not take sleeping pills at 4:00 AM

I've just looked, and I didn't take the extra zopiclone and melatonin at 4:00 AM. I still managed to sleep till about 8:30, I did wake earlier than I wanted to, and I think that may have put me in a less happy mood than may have been the case if I had a proper sleep. When I say proper sleep, I mean more than 8 hours.

I really can't say but all I can say is now retrospectively writing this at 1:15 in the afternoon having just had a tramadol, maybe this is partly responsible.

12:20 – Physiotherapy

[Voice Recording: Physio Leatherhead. 16Oct23]

I've just come back from physiotherapy at Letterhead Hospital.

The initial problem was when I woke up in the morning, I was mentally weak I was fearful I was back in that poor me poor me poor me zone.

NHS transport came and it was great people my favourite girl about still can't remember her name.

The physiotherapy was in a big hut, with what seemed to be makeshift beds and curtains around them. How would you expect to see a makeshift medical centre in Africa?

The physiotherapist girl was really nice, and I think she was competent, but I now worry that she didn't know what she was doing. Because right at the end she said she's going to encourage me to walk more.

She had forgotten that I already said I've got 90,000 words of work that I'm putting into an AI which really does show that walking is the one thing that really causes pain and pain for me because of what I've been through causes suicidal thoughts.

The trouble for me is I am reminded of all the incompetence that happened before, and the first incompetence was a girl just like her telling me to walk more bit each day.

That is exactly the thing that caused the pain that stopped me from doing the work that I needed to do and that put me in that mental place where I wanted to kill myself. In fact, I asked my mother to kill myself on multiple occasions.

And for whatever reason the NHS of completely lost the chain of custody of this and I'm starting again from the beginning. And they're giving me the same advice they gave a year ago which will cause me pain and will make me want to kill myself. Or at least will make me take more painkillers and start taking anti-inflammatories again.

I think I'm going to have to write Doctor James Jack and say what on earth is going on here?

For now, I've had to dose myself out with some cannabis, I just had some THC chocolates. I very much doubt I'm going to get anything done today, and as we could read the last week has been really good and positive.

Today's exercise has lost me today and I'm just not feeling good.

I've got another appointment in three weeks, but we have a different person in the same place I think I'm going to have to cancel it.

I worry that they're going to give me bad advice or continue to give me bad advice.

I think I'm going to have to see Doctor James Jack if I can't get some sort of professional help from somebody who can understand what an SIJ is and what it is for me, I'm going to have to start paying for a private physiotherapist. At least just to get this question addressed, should I be walking more, or should I be resting more? Remembering walking more than 2000 extra steps in three days will cause me pain for two days that will stop me from working for four days. Stopping me from working for four days at this time coming into winter with the whole Cape Town situation very much in my mind could lose me the next six months and I would then kill myself for sure.

If I go anywhere near that mental state, I was in six months ago I don't think I'm going to get out.

Therefore, I think the sensible thing here is I'm going to have to say no more physiotherapy, no until I see a physiotherapist who understands the history and has some experience with an SIJ joint.

She was a really nice girl and probably the exercises she told me to do were good, but the advice to try and walk more when that is the one thing that pushes into pain that causes pain and makes me suicidal just seems to be, Paulie conceived advice.

13:10 – tinnitus

I woke up with a bit of tinnitus, and now it's quite loud.

1:15 – Tramadol

[Retrospective note I didn't get any skin itching on face after taking this, so we can't discount that tramadol is the cause of the itching, that's some progress.]

Some slight pain in their side Jay plus the disappointment of the physiotherapist in the end saying why don't you just try walking more; the tinnitus and my general low mood have led me to seek relief via tramadol.

I'm going to add to that some cannabis and maybe I can buy allowed to be in the mood to do some work, I don't know.

What I do know is today because of the NHS appointment, and the final parting gift of 'try walking some more.' Now that I look at it is just a ridiculous thing for her to have said.

I must say to Doctor James Jack the only way we can get me walking into pain every day and putting up with it is we've got to move to heavy morphine. At least 10 times the strength of the tramadol. That's what it would take if I had to literally push myself into physical pain and deal with it. Tramadol wouldn't even come close. We need pure and strong morphine at a very high dosage, if you wish me to be in the physical pain in The Walking causes and try to retain that pain and live it every day.

This does sound like a ridiculous conversation now that I have spoken these words, surely the sensible thing would be not to push myself into pain so strong that the only thing that would believe it would be pure and strong is a lot of morphine.

That's the question for the physiotherapists.

Do you genuinely advise that I walk, if the only way that I can deal with that pain is to take pure morphine or a lot of heroin? Which is pretty much the same thing but, most people don't know that.

13:35 - Mental Collapse

Mentally I'm now struggling, it seems to be the advice to walk more push into pain, that I've had and was wrong, and it seems whatever Epsom St. Helier do is just counterproductive.

But mentally am now in that place, the place that I haven't been in for a long time, weeks. And it's horrible.

it's all the problems from the accountants in South Africa, which made all the mistakes, which caused a bit of complex PTSD and left me having to leave the country I loved.

This was followed by the NHS drugging me out of all sorts of life for 13 years. Me coming back from that I have to go through the physical hell that I went through. And now I've got the same incompetence, telling me that I've got to try and walk more. When walking is the thing that causes pain.

Stops me able being able to work, and as I've already told this girl and many people it makes me suicidal.

Being suicidal is a completely different type of hell to pain, it is much, much worse. Being suicidal because of pain is the worst kind of hell you can imagine. You may have seen really bad horror films where shitty things happen but believe me, you'd rather be there than be the hell that my mind can go when it goes suicidal. Remembering it only goes suicidal when pain is there or after the pain.

At least it hasn't been suicidal since the pain has gone.

This has enabled me to do some really good work, try and make up for the fact that the NHS drugged me out of all existence for 13 years.

You see the circle one reminds me of the other, and it all ends up in that dark suicidal zone of PTSD.

And the only thing that gives me PTSD is this continuous negligence by Epsom St. Helier, combined with the pain that's caused by the negligence.

And that circle of doom takes me back to Doctor Fialho and then back to all the bad things that have happened.

This is what I call the medical admin zone.

The Medical Admin (Suicidal) Zone

the medical admin zone is this point of terror where I can't do anything other than try to work out how to get a broken system that Epsom St. Helier has to work. Knowing that it's just pointless and that my best route is to try and make money either via my technology or legally so that I can pay for private care. Because that's the only way I'm ever going to get anybody who's going to be out of help.

If I have to stay in this medical admin zone, well I am right now, which is trying to stop myself from committing suicide by getting help from their NHS or legal methods. Coming from a position where I've just had this shit confused out of me, I don't know whether to try and walk more and feed the pain. Or ignore the person who I pretty much am certain didn't know what she was talking about.

Either that or every SIJ injury is different, but if that is the case, she should say that she should say every SIJ is different, so I don't exactly know. Tell me to walk more, really just says she doesn't understand what's happening. And I say a large part of that goes back to Doctor Seven Oaks because he is not in any way helping my situation.

This is the medical admin zone, where I have so many different medical admin things I need to do like changing GP, all of which seems so easy until you are in a situation when you can't walk or sit, and you don't have any money for a PA and you've got no assistance whatsoever and you've got so many other things to do. The medical admin zone is the suicidal zone.

14:37 – Dads In Loo – Opps 30 Extra Steps

This actually puts perspective to today and why I'm upset.

My life is about taking as fewer steps as possible, I just walked downstairs to go to the loo but found that in there, so I had to come back upstairs. And immediately for darn as 30 steps.

This is my life, a case where I have to mathematically think about how to go about my day with fewer steps possible. The fewer steps the less need for medication, and the medication can certainly cause absolute devastation and death.

15:00 - marijuana jump to V1 regain positivity.

Managed to get back to a positivity an actually scored myself and on fire for completing the Economic AI S-World All Comms doc.

15:30 - SIJ pain level 2 immediately when laying down with computer on lap.

16:50 - reminded of the futility of the physio argument.

I've just reminded myself; I'm going to make this quick 'cause I don't want to get in a negative mood again, the physio asked me how much pain i's in right now and I said none. Exactly as I had explained to all the other physios.

It's a simple case of they do not understand my injury at all.

We already pretty much knew this be 'cause we've had the experience before and we've been speaking with Kamilla, and of course Doctor James Jacques overrode the probably doesn't have an SIJ advice from Nicola Kelly at the very same hospital orbit Nicola Kelly was a more advanced physiotherapist.

Today has been a case of just proving that all the physiotherapists I've met simply do not know basic logic.

They are poorly trained for back injuries, or SIJ's.

18:10 – 50mg Tramadol

18:30 – Supper Lout Tinnitus

19:10 – Constipated

19:19 – Suicidal After Physio Debacle

Very upset about the hopelessness of the physiotherapists, I clearly can't go back there. I can't write to my GP and is taking two weeks for an appointment to appear with Doctor Johnson. My only choice is to write to Doctor James Jack. . I simply do not have a contact address for whom I can contact directly and last time I tried to contact level head hospital physiotherapy it drove me insane.

The PTSD the complex PTSD of all this is putting me in a really, really bad mood and I'm starting to worry about winter.

The thing is it's when you know you're going to die in so much pain and it's going to be so much pain in the future and the service and the NHS are going to be so bad you may as well kill yourself now while you still can.

19:55 – Flea Bites? From physio Thanks Epsom St Helier.

I can't say for sure but at the top of my left arm it feels like I've been bitten by a flea.

It's on the opposite of where my left bicep is and is where my arm would have been pressed up against the pillow that was clearly not washed since the last person and possibly not washed for about a week.

Member earlier I mentioned it looked like I was in Africa. Yes, exactly the same as the COVID tents we had to go in that were makeshift. They have makeshift COVID tents for where they work, and they don't keep it clean.

I'm feeling bites on my neck now as well.

Oh God and I've just had a conversation with my mother tell her I've gone suicidal again. Thanks Epsom St Helier.

20:00 – SIJ Pain

I have definite SIJ pain, the technique of the physio earlier has definitely caused me SIJ pain. I would guess she's given me standard exercise that she's learned, and for her today she didn't know what an SIJ was and was blagging it. Making it up as she went along based on her very limited education.

We need to go back to the very beginning 14 months ago to the argument size having with doctor seven oaks about the fact that physios don't get taught about backs let alone SIJ's, they simply don't when I had a back problem in South Africa

and I went to a physio they said what are you doing here you've got to go to a chiropractor.

I'm really worried now that we're going to have to go back to full or legal as a way to try and get medical treatment.

The trouble is the physical torment of going over every bad thing that's happened in the face of having found that it is useless trying to communicate with these people. That it will turn me suicidal, and I will probably kill myself.

This brings us back to the legal strategy from about 4-5 months ago where I wanted to kill myself. But thought I would just get some legal stuff put on tape so as the at least the hospitals can be sued after driving me to suicide.

I don't want to go back to that hell again. Not when I'm very close to getting somewhere with S world.

I absolutely cannot go back there again, ever.

20:12 - SIJ pain too much to attempt going to the loo.

Must explain complex conditions to every person I meet in future, do not assume they have no information on me.

LS4 EsH20.26 - Dear Claire Scott

Dear Claire Scott Epsom and St Helier University Hospitals
NHS Trust

Dear Claire Scott,

my life is about trying to save whatever years I could have left before the right-hand side of my body pushes into the left-hand side of my body so much that I die of whatever condition that causes.

Laying on your left-hand side 23 hours a day will kill you within a few years.

My life is about saving enough steps so as I can have the dignity to make my own hot water bottle to deal with the frozen foot crisis that your hospital has completely failed to address.

My poor mother is 76 years old and has been through so much, for now for her to have to go through this as well.

So, I don't like to ask her to make my water bottles at night, so I save my steps during the day, every step I take is calculated.

If I'm going to get a hot water bottle, make sure you go to the toilet and get any food you need and water at the same time.

Don't drink too much water because you'll need to go to the loo more.

Whatever you do don't get constipated.

This is my life.

I make up for it by having a very enjoyable creative project that I'm working on that is by other names the GPAI God knows the NHS needs it.

that aside my life is pretty much a misery.

But I get by

but when I come to your dirty hospital, get seen by the wrong person due to your chaotic administration. And at the end of it, the physio gives her hand away by telling me to walk a little bit more, just like Lucy the video for it did first time that drove me to suicide, well very close to it.

The in competency at your hospital is a danger to the public, you should always give patients are warning that the doctors and physiotherapists and staff generally don't know what they're doing.

If it's an easy thing in general the body will cure itself, that's what they know. That seems to be all they know.

And I can tell you it doesn't cure itself.

I need help because I'm always laying on my left, if I could possibly walk a word you fool. What do you think I'm trying to make some sort of absurd benefit claim. You think I'm doing this for attention.

You Should Be Ashamed of Yourselves.

This is not mediaeval Europe.

20:50 – 50mg Tramadol

21:12 - SIJ and pain level 4.

21:36 - Changed OKR key results for this week move primary 'objective start DWP appeal' to next week.

21:53 - dear Claire Scott 2

in continuation of my complaint about the physiotherapy I had today, the advice to try and walk more, the advice that put me in so much pain that I repeatedly asked my mother and others to kill me. To which the mental health services say pain from physical health can lead to suicidal thoughts smoke marijuana.

Here's my situation, as I've explained I can only stand or walk for a certain amount of time. Before the luxury of trying to walk a little bit more each day, if it is believed that standing and that type of thing will be good for me. Then is it your advice that I should try and start to go to the toilet standing up again?

That's a luxury I would love to do but fear not to for the damage it will cause.

Are you sure the best advice is for me to try and walk more? Could I not at least try and pee standing up?

There is more dignity in that especially as I get to the point when you all have to do all this for me. The very thought of which of course makes me suicidal, as a psychiatrist say if anybody had to live my life, they would also be suicidal.

For me Epsom and St Helier University Hospitals NHS Trust is the equivalent of the trenches in the First World War. You never want to go back there, sometimes it's OK, sometimes it's really bad, the mental torment stays with you.

Day 65: 17th Oct 2023 – Get Economic AI – S-World Doc online Day 1.

[200mg Pregabalin at night]

[SIJ – 50 extra steps walked today]

10.00 – Slept Well

10.30 – Private Cannabis Research – Per Hashmi Advise - £200 a month 🧑 (SaB)

11.00 – No Longer Constipated

12.05 – Readthrough of: 20.06w) Economic AI – S-World – All COMMs [9 min recording] (10 Oct 2023)

18:10 – 50 mg Tramadol

20:30 – 50 mg Tramadol

Day 66: 18th Oct 2023 – Get Economic AI – S-World Doc online Day 2.

[200mg Pregabalin at night]

[SIJ – 0 extra steps walked today - note that this meant the bath at 8:00 PM was pain free]

9.30 – Slept Well but woke up in active dream I was disappointed to realise that I was immobile. This happens some days the best thing I can do is just try and be positive, but the event that happened half an hour day that didn't help.

10.00 – Loads of Blood in poop 😞 + GTP Poor me session

Massive bleeding, I don't think it's from the haemorrhoids, certainly not the two on tags. This was after a significant bowel movement; I touched toilet paper, and

it was instantly red my hand was red I looked in the toilet and there was blood a lot of blood. I took a photograph and felt sick.

This is the Raja problem that Epsom and St Helier University Hospitals NHS Trust have refused to treat. And so far, it seems like doctor Johnson has refused to follow up on even though I complained, and Doctor Johnson said it would be possible to change teams. The reason this is so important is because of the 100 or so audio recordings mentioning Doctor Raja, many of which when I was suicidal. And the following dramas with the doctor Hashmi not giving any medical advice for PTSD.

I've had to research PTSD myself and as best I can work out my own advice to myself is doctor seven oaks, causes of PTSD recall of such horror, that I cannot under any circumstance to speak to him or think about speaking to him. Remembering the last time someone brought his name up was my poor mother I picked up the scissors and scraped two big gouges out of my arm.

I don't want to go back to that, so I have to avoid doctor seven oaks and Doctor Raja for psychiatric reasons. Essentially, it's don't go back to your rapist, complex PTSD psych evaluation 101.

I took photos and will try and make an appointment with a doctor tomorrow.

But I am deadly scared this is leading towards full on medical admin zone, why it is so important to complete whatever medical admin im doing that I give up all other tasks and in so doing give up my dreams and the only thing that's keeping me from putting those scissors through my windpipe.

It's not doing medical admin I wouldn't mind doing medical app and it's doing pointless medical admin I work out what's wrong with me tell it to a Doctor Who then does nothing with it, or worse who prefers me to another Doctor Who refers me to somebody else who gets it wrong, who then starts lying about me missing appointments when in fact they're on strike.

It's this totally pointless pursuit that I fear so much.

Of course I'm going to speak to a doctor about this, but before I do if you are going to the loo, poop, and after there's a load of blood, but the blood is quite red, does that mean it's more likely a cut, near the surface rather than blood from the belly?

ChatGPT

I'm not a doctor, but bright red blood on toilet tissue or in the toilet after a bowel movement generally suggests that the bleeding is coming from a location closer to the rectum or anus. Some potential causes of this kind of bleeding include:

1. **Haemorrhoids:** These are swollen blood vessels in the rectum or anus that can sometimes bleed. They can be internal or external.
2. **Anal fissures:** These are small tears in the lining of the anus which can be painful and cause bleeding.
3. **Diverticular disease:** Small pouches can develop in the walls of the colon. If these get inflamed or infected, it can result in bleeding.
4. **Polyps or colorectal cancer:** In some cases, a growth in the colon or rectum can bleed. Early detection and treatment of colorectal cancer are crucial, which is why any rectal bleeding should be taken seriously.

Darker blood or black, tarry stools suggest that the bleeding is coming from further up in the digestive tract, such as the stomach or small intestine.

It's essential to consult with a healthcare professional about any rectal bleeding to get a proper diagnosis and treatment.

If I have Constipation that requires Laxido daily, and we are 99.9% positive that Constipation was caused by the overdose of Seroquel, 800 milligrammes, all taken at night every night for six years. That as soon as was stopped immediately caused appendicitis and has caused this Constipation ever since.

ChatGPT

I'm sorry to hear about your situation. Quetiapine (commonly known by the brand name Seroquel) is an antipsychotic medication used to treat various psychiatric disorders. Like all medications, it can have side effects, and it's important to be informed and to work closely with your healthcare provider to ensure you're taking it safely.

To break down some of the information you've provided:

1. **Seroquel and Constipation:** Constipation is a known side effect of many antipsychotic medications, including Seroquel. It's possible for constipation to become a chronic issue after long-term use of the medication, but the specifics of how and why that happens in any individual case can vary.
2. **Seroquel Overdose:** Taking any medication in amounts exceeding the recommended dose can be dangerous. 800 milligrams is a high dose of Seroquel, but whether it's an "overdose" depends on the specific recommendation of the prescribing doctor and the particular needs and tolerances of the patient. It's essential to follow your doctor's dosing recommendations and to report any side effects or concerns promptly.
3. **Appendicitis Connection:** It's unusual for medication to directly cause appendicitis. Appendicitis is typically due to an infection of the appendix. However, severe constipation might, in theory, increase the risk of appendicitis if faecal material obstructs the appendix, but this is speculative. It would be best to discuss with a medical professional to understand the possible link in your specific case.

If you believe you've experienced negative side effects or complications from a medication, it's critical to work closely with healthcare providers. They can help determine the cause of symptoms, provide appropriate treatments, and guide any necessary changes in medication.

Always consult with your doctor or another qualified healthcare professional about your specific medical conditions and the medications you are taking.

AI

No, the medication caused the Constipation, when I stopped taking the medication the Constipation broke into tiny little pieces, and one of those pieces got caught in my appendix tube.

ChatGPT

I see. The scenario you're describing suggests that the long-term constipation caused by the medication led to fecalith formation (hardened stool), and upon discontinuation of the medication, these fecaliths might have contributed to the obstruction of the appendiceal lumen, causing appendicitis.

Fecaliths are indeed a known cause of appendicitis. They can block the opening of the appendix, leading to inflammation, bacterial overgrowth, and eventually infection and inflammation of the appendix (appendicitis).

It's a good example of how a side effect of medication (in this case, constipation) can lead to another, more severe medical condition indirectly. It highlights the importance of monitoring side effects and addressing them early.

Again, always consult with healthcare professionals regarding any medical concerns or complications. They can provide insights tailored to your individual circumstances.

AI

My point is now that you know the history of my Constipation and how I came to get Constipation and how it caused appendicitis. A year later I failed to get any medical advice because the doctors simply do not take me seriously. So, I've had no advice whatsoever despite 2 appointments with doctors. In fact, I had given some advice and that was to drink more water and eat more greens. To somebody who already drinks a lot of water and eats well, now my point here is purely about the blood that came flowing out of me today, you gave four options the 4th of which was cancer. Something is very, very, very wrong, and my doctors are so incompetent that unless I nail exactly what is wrong with me, they're never going to find out. I need to diagnose what is wrong with me.

ChatGPT

I'm truly sorry to hear about your experience and the challenges you're facing with your healthcare providers. It sounds like you're feeling frustrated and in need of answers. It's essential, though, to recognize that while I can provide information and potential explanations based on the symptoms you describe, I cannot make a diagnosis. The process of diagnosis requires a comprehensive clinical evaluation, including physical examination, medical history review, and potentially other diagnostic tests.

That said, I can provide some insights based on what you've shared:

1. **Bright Red Blood:** As previously mentioned, bright red blood typically suggests bleeding from a location closer to the rectum or anus. Given your history of chronic constipation, a few potential causes are more likely:
 - **Haemorrhoids:** Chronic constipation can lead to the development or exacerbation of haemorrhoids, which can bleed, especially after a bowel movement.
 - **Anal fissures:** Straining during bowel movements or passing hard stools can cause small tears in the lining of the anus, which can be painful and bleed.
2. **Other Concerns:** Though constipation can lead to the above conditions, it's crucial not to rule out other potential causes of rectal bleeding without appropriate evaluation. Polyps, diverticular disease, inflammatory bowel diseases, and yes, cancer, can also cause bleeding. I understand your concern, and it's essential to be thorough and persistent in seeking medical evaluation.
3. **Next Steps:**

- **Second Opinion:** If you feel your current doctors aren't taking your concerns seriously, consider seeking a second opinion. A different perspective might offer more insight or a more comprehensive evaluation.
- **Specialist Referral:** Consider seeing a gastroenterologist, who specializes in the digestive system and can provide more specialized evaluation and advice.
- **Document Symptoms:** Keeping a detailed record of your symptoms, including frequency, duration, and severity, can be invaluable when discussing with doctors.

Finally, it's crucial to remember that self-diagnosing can be risky. It's essential to collaborate with medical professionals in your care. While I can provide general information, it's no substitute for in-person evaluation and care.

GPT I'm afraid you live in a fantasy world where it's easy to get medical help.

ChatGPT

I genuinely sympathize with your frustrations and the challenges you're experiencing in seeking medical care. Unfortunately, healthcare access and responsiveness can be a significant issue in many places, and I understand that it can be profoundly distressing when you feel unheard or unsupported by medical professionals.

While my primary goal is to provide information, I recognize the real-world challenges that many people face. If you're encountering difficulty obtaining the care you feel you need, here are some potential strategies:

1. **Patient Advocacy:** Some hospitals and clinics offer patient advocates or ombudsmen who can assist in navigating the healthcare system and advocating for patient needs.
2. **Telemedicine:** Consider online platforms or services that provide consultations with physicians or specialists. They might offer another avenue to get a professional opinion.
3. **Community Health Clinics:** Some areas have community health centres or clinics that provide services on a sliding scale or for free, especially for those facing barriers to traditional healthcare.
4. **Health Charities and Organizations:** Organizations related to specific health conditions often have hotlines or resources available for patients.
5. **Support Groups:** Connecting with others who've had similar experiences can provide emotional support and potentially offer advice on navigating the healthcare system.

However, I recognize that these might not be feasible options for everyone. It's vital to continue to advocate for yourself, and I hope you can find the medical support and attention you deserve.

AI

I am crippled, all administration causes pain,

ChatGPT

I'm truly sorry to hear about the challenges you're facing. It sounds like you're in a very difficult situation, and it's essential to have adequate support during such times.

If you're in crisis or need immediate help, please contact emergency services or a mental health professional in your area. They are equipped to provide the necessary assistance.

If you're feeling isolated, remember that there are helplines in many countries specifically designed to offer support to people in distress. Please consider reaching out to one in your area.

Your well-being is essential, and there are people and organizations that can help, even if it doesn't always feel that way.

18:30 – 50mg Tramadol

21:00 – 50mg Tramadol

22.00 – Call Doc Worries

I'm on edge about having to call the doctor at 8:00 AM, and of course that's not helping me sleep,

01.30 – Can't Sleep – Can Work!

On the one hand it's very annoying that I can't sleep, but on the other it's awesome that I'm not actually in any pain and can do work, I can't do the voice recording, but I can't stop on the GTP stuff and I did and I did really well.

05:00 – Finally Fell Asleep.

Day 67: 19th Oct 2023 – 20.15 S-World HEAI ALL COMMs
iUK

[200mg Pregabalin at night]

[SIJ – 0 extra steps walked today - note that this meant that all evening activities from having a wash to making the hot water bottles caused very little pain]

10.15 – Woke feeling fine, caffeine straight away

Today was a full-on day, for some reason despite waking before having a good eight hours sleep it didn't have that much effect. Maybe that's because I had some caffeine first thing.

Lots of work done today, and really good work as well, I set myself last night the objective of trying to beat that 1600 points in a week. And today I had a target of 276 points, if I can make 276 points today, tomorrow, Saturday and Sunday, I'll make 1600.

18.45 – 50 mg Tramadol

22.00 - in writing this update, I've scored myself two ticks, which has equalled that 276 target for today,

I was considering not having a second tramadol.

But I really do want to do well tomorrow and I'm not going to take any risks; my right leg is now actually feeling a little bit of something. In general, however today has been good I did have a about a 5-minute session standing up at about 8:00 PM, which was good. But each time I always think oh maybe that's the end. And it's not my SIJ or whatever it is, is about managing knows 15 minutes that I can stand up in a day, when I say stand up I also mean walking and sitting, so that I don't push myself into pain and make myself and everybody around me miserable.

OK that's enough for now I'm going to log off now.

22.10 – 50MG Tramadol

22:55 – SIJ Buzzing level 1.5.

23:15 – hot water bottle burst blistered my feet 😞

Disaster as the hot water bottle burst two litres of boiling hot water all over my toes, on my right foot. It hurt for hours, and there are now free blisters on the toes.

Day 68: 20th Oct 2023 – Day After Hot Water Bottle Burst

[200mg Pregabalin at night]

[SIJ – ? extra steps walked today -

10.00 – Dell drivers are a bigger mission than I thought
Setting up the Dell 3 computer is taking a long time.

11:45 – Mum turned nasty.

I'm not sure why, I guess mum is just at the end of her tether, at last night having to clean up all the mess.

At some point she just turns around and says I've got to start walking more, she simply doesn't understand that I have tested my ability to walk, is very document is a testament to that. I can walk further in the day but this leads to pain at night and in place of mother sitting and watching the nice TV she will have to be doing all my water bottles and I won't be able to have a bath in the evenings I won't be able to wash my face in the evening.

It is absurd the after a year, she still thinks that that's just the case of me not putting enough effort in or something. I don't understand.

But for sure she turned nasty; I tried to explain that she can't just suddenly turn on me because she's my only support structure. Now I'm of course suicidal, but with a purpose. I'm reminded of when I her Jenny and Zenda talking about me really badly. She didn't realise her phone was still on.

It's the same thing eventually people have enough of me, now I've been trying to protect myself from this mental disease that I had which is probably post-traumatic stress, but of course there's no psychiatrists available to talk to and my mother herself has put me off getting private medical care. After dad agreed to pay for it.

Now I'm really fucked, because it was going so well, and even today after getting burnt yesterday, I got on with the work, per the OKRs I was about to start moving onto the S world stuff. Which I really do need to complete by Monday so as I can move on to do the admin that will see her be paid for all of this.

This is going to haunt me; this will probably stay with me for the rest of my life.

Now I don't know what to do.

22.00 - struggled for the rest of the day but was productive

I wouldn't say super productive, but I did move forwards.

Two Tramadol All Day

which is good considering I had the first one at about 11:45

Day 69: 21st Oct 2023 – very productive day 324 Points – on course for 1600 Deity score this week. \hbar 🚀 x16

[200mg Pregabalin at night]

[2 x 50mg mg of Tramadol]

[SIJ – 0 extra steps walked today – Fewer than usual steps inside today and no steps outside. This means by 20:00 there's still enough time to have a wash and do stuff without causing pain 😊]

After yesterday's problem, I had with my mom, I realised it was more a problem that I've been having with myself recurring. And that is nobody seems to understand SIJ's and I keep having to explain it to them, and I can't really explain it because I haven't done a summary of this document that really goes into the detail of it I'm working on the I like prompts for it right now but for a different project still it would basically work the same way. But until I've done that job answer medical admin, I can't actually show people the results.

It is however important for me to explain that as far as I can see I definitely have a usable amount of standing or steps. And I need doctors to confirm this so as it can be put on my medical records so as all other doctors know this, physiotherapist don't get confused, my PIP appeal goes through without a second glance.

But mostly so as my parents and other people can appreciate that this isn't going to get better it's not good to give them false hope. I did notice that this event happened after mum and dad went out with dad's brother uncle Corey Maggie, whose son David is in a wheelchair. I believe at that conversation it came up that I have an SIJ and in that conversation it was discussed that they all think it's best that I try and walk more.

19:45 SI Jays are individuals for Doctor James Jack

SIJs are individual for Doctor James Jack <p1>

It seems that SIJ's are individual and little understood. Therefore, it is up to doctor James Jack even with my highly I'd structured notes or just a summary that I write to him to write down the official status that I'm in and to make sure that there is no confusion and that my individual circumstances or written down in plain English for everybody to read.

The First Inclusive Use of An AI Parse Priority Tag <p1> In Any Work I've Ever Done!

Day 70: 22nd Oct 2023 – The First Day I Missed an Entry!

[200mg Pregabalin at night]

[2 x 50mg mg of Tramadol]

[SIJ – 300 extra steps walked today]

Written retrospectively, it's now 21:00 on the 23rd of October. yesterday was good, but busy.

4:00 – Till 4am GPT API Session

This session was so good I realised I can now develop my AI skills within the framework of what I call medical administration. It's something I don't want to do but if I'm using it to improve my user system GPT API, given that it's a nagging thought in the back of my mind and it really has got to get done. This session would usher in a quite confused morning followed by very good anchoring session getting back to the TBS CC Q planner.

16:00 – Parse Pregabalin Hangover or LS3 soon maybe

After coming to a new understanding of how I can use the user system GPT API to write my own AI within S World I went back to TBS-CC OKRs I made the Q-planner for this quarter. Which involves 4 weeks of administrative focus, which I will make fun by doing it all in GPT AI.

20:00 – TBS-CC OKR's Deity Level Score \hbar x16+23

I ended up with another OKR deity score, the second this year.

Day 71: 23rd Oct 2023 – The First Day I Missed an Entry!

[200mg Pregabalin at night]

[2 x 50mg mg of Tramadol]

[SIJ – 0 extra steps walked today - but I was still strong enough to make hot water bottles and have a wash without significant pain in the evenings. Point being I have not suffered from yesterday's extra 350 steps.

[SIJ Also important is I did three hours of filing earlier, and that hasn't caused significant problems]

Written retrospectively, it's now 21:50 on the 23rd of October.
yesterday was good but busy.

10.00 – SIJ - 3 Hours Movement During Filing <h3>

No significant problems from the 3 hours of movement in the morning

12:52 – 20.08b) Points for Dr Johnson's Call on 3rd Nov 2023 (23 Oct 2023) <h3>

Today as part of medical admin month I started the document. 20.08b) Points for Dr Johnson's Call on 3rd Nov 2023 (23 Oct 2023)

19:00 – TBS-CC OKRs - completed tasks bonus <h3>

today I awarded myself a whopping 50 points [the on-fire symbol] for completing today's tasks meaning I can move on to tomorrow's task and complete those. This doesn't sound like much, but it's been a long time since I've completed a task like this. So, I've awarded myself 50 points and will award myself another 50 points if I can complete tomorrow's task as well. I wrote necessarily do this every day and I don't think I should, as it will have no meaning, but when I need to get things done, this is a good way of pushing me to execute completion.

I should make a version update, I also should I need to remake the categories in the queue planner, Anne should make a video of my process of doing that. Or at least a voice recording but seeing as how I can lay on my back again now video would be better.

Ironically, the trouble is I can't throw that in there any time in the next few days without it throwing out another urgent task. So, I'm going to put it in for Sunday afternoon, Sunday afternoon used to be OKRs reports day.

21:55 – For GP-AI <h3>

“Remember of the GPA I it's not about replacing previous medical records it's about improving future ones.”

02:00 – TBS-CC OKRs High Score – Single Day = 499.5 Points <h3>

Day 72: 24th Oct 2023 – The Good Doctor App

[200mg Pregabalin at night]

[2 x 50mg mg of Tramadol]

[SIJ – 150m at about 10:30 AM, I'm not sure if it is that or that I did a lot of work laying down but my right buttock has definitely got the SIJ pain, the pain started at about 3:00 PM and was pronounced by 8:30 PM, it's not significant pain, pain level only 1.5, but it is a nod to the extra walking I did the day before yesterday and today plus the rather liberal walking around making the hot water bottle at night yesterday.

In short, my theory of the maximum number of steps over a three day. Is still correct, and I must now rest, or test out the theory and push myself into significant pain, something I'm reluctant to do, certainly today, at this time I am not feeling strong]

10.00 – 15MG Caffeine

11.30 – Completed 20.16c) 10 Cool Ideas for S-Web 6 GPT API Recordings (24 Oct 2023)

16:00 – Kate is at An Oncology Appointment at The Hospital,

sounds like her cancer's back well of course it is. I can't see her making a schedule appointment on her birthday.

Gosh I am worried about her, I'm wide about who she's got to speak to about this when she comes home.

Felt like saying she should come here; I could probably get a place to stay so our housing benefit. It's just an idea, I know she said she couldn't afford to live here anymore.

It would be nice to have her in my life again.

I am worried about her.

17:25 – Ony 20% of today's task completed 😞

unfortunately, I've run out of steam today, after yesterday's great day and awarding myself the 50 points bonuses for completing the days menu of tasks. Today I probably shouldn't have done the extra work this morning, which wasn't allocated for.

That said even if I hadn't, there was a lot of work to do, there were quite a few points where I had been inspirationally writing whilst on a THC chocolate, which was certainly creative, but needed some serious word skills, to craft into a completed presentation that I'm happy to send away.

In truth I haven't even finished phase 3. American butterfly.

I can only hope that the rest of the stages are simpler, but right now I don't have the energy to push on and try and complete the work.

I could have some caffeine, but I am tired and mentally drained, not in a bad way but in a tired way and I'm just not feeling the enthusiasm.

I'm also worried about Kate 😞

I think I'm going to take the afternoon, well I suppose the afternoon is gone, the early evening often watch something on TV.

17:35 – Tried to call Kate again, no luck.

17:50 – 50mg Tramadol 45 Minutes Early

Not that it's a particularly big deal, but this is the first time in a few days when I've needed to take a tramadol earlier then the scheduled dinner time.

I am very tired.

I did have 2 and a half hits of caffeine, and they're wearing off now and that's probably what it is.

Be careful with the caffeine.

18:30 – SIJ pain level 1.5

It's nothing relative to the bad old days, but I do have some pain in the right buttock, and I'm pretty certain has come from my doing more steps, both outside than in, and the minimum steps I need to do to avoid pain.

that's a good way of putting it.

There's a certain minimum number of steps, time standing or sitting I must maintain to avoid pain.

19:21 – V GP-AI & The Good Doctor App <p1>

I started to watch the good doctor, and I can see I can adapt the GP AI to a surgery situation where doctors are all not really sure what to do.

(I retrospectively added the following, in exactly the same situation as I found myself with Sienna on the last day of July 2010.)

Per the good doctor – he's a savant who can parallel think things come up with solutions.

We can do the S web six basic idea on the cell phone for doctors who can speak into the GP... Sorry, I'm going to call it the good doctor .

So, there's the GP-AI and there's THE GOOD DOCTOR APP.

The GP AI is not complex hospital procedures is not specialist it is general.

The Good Doctor App (whether I can actually use that name or not I don't know) but THE GOOD DOCTOR APP would become the more specialised tool, and this is what I would speak to Doctor James Jack about.

In particular saying “have you seen the good doctor? I'm creating an adaptation of my GP AI for specialists' treatments, as if you had that guy (the good doctor and all the other doctors together from that TV show) and you could speak to them on the phone. With somebody who sounds like a human but can also remember every little thing from the patient's medical record and can cross reference thousands of other people's medical records at the same time in search of a common solution to a less common problem.

19:55 – 50mg Tramadol

Right leg pain, and actually now calls me to ask mum to fetch me an apple to having my tramadol.

This really is, exactly what I thought would happen from trying to walk again.



Day 73: 25th Oct 2023 – A Thoroughly Miserable Day

[200mg Pregabalin at night]

[3 x 50mg mg of Tramadol]

[SIJ – 0 STEPS]

[No Poop]

21:10 – 3rd Tramadol

What a thoroughly miserable day, I very much worry that is because I'm out of S world, I just hate it. I hate being away from it, 'cause it's all I've got.

Today saw me failed desperately at its admin, and later completely get destroyed by GPT 3.5 turbo 16K playground experiments.

Thoroughly miserable

21.50 – THC turned it around,
significantly, gained 100 points! From the lowest day so far for ages, to an average day. Score wise.

22:15 - Constipation alert

it's entirely possible I haven't been to the loo today, if I look back, I don't remember going to the loo.

22:10 – Senna Alert - no Senna for 3 or 10 days
quite possibly the colds of today's Constipation, and maybe even the cause of the extra 4 pounds of weight the last few weeks may have been that I didn't put it in the pill caddy?

I'll report on this tomorrow.

Day 74: 26th Oct 2023 – A Better Day Than Yesterday

[200mg Pregabalin at night]

[2 x 50mg mg of Tramadol]

[SIJ – Extra Steps for Bath]

[Minimal Poop]

today was a pretty good day, given that I was doing a task I didn't want to do. I made the most of it and learned some things, probably some valuable things. I didn't complete the task, however I'm going to continue it tomorrow and I'm going to be adding in making a video of the concept of S web being voice activated, I'll be making an you template tomorrow, time will be trying to make a video at the same time presenting this S web concept.

This may well turn out to be a free day mission that includes adding S web.org, as alive site. Same deal as S world where only the homepage and select pages can be seen without a login.

19:45 - tramadol later than usual

20:00 - bath time

21:15 – 2nd Tramadol

21:27 - SIJ pain 1.5 and loud tinnitus

Day 75: 26th Oct 2023 – 425 Point S-Web 6 VC Day

[200mg Pregabalin at night]

[2 x 50mg mg of Tramadol]

[SIJ – for this reason and that I've taken a few more steps inside than his usual, the equivalent of an extra 150 metres, well within the no pain threshold, noting that at this time yesterday I was in some pain, I can tell this 'cause I can read yesterday's entry at 21.27pm]

21:30 - end of day report

<p1> in terms of the TB CC OKRs the following 600 words are all relevant

today was a really good day, the momentum was going towards making an S web six home page and oh gosh did I knock that out the park. Well actually GPT knocked it out the park but as mum said it wouldn't know what to write if you hadn't suggested. And I must remember that AI is a collaboration I can't rely on it, and it can't rely on me but as a collaborative force we are devastating. Orbit I'm not too sure that kind of Terminator language is going to go over well with everybody.

However, in terms of language disruptive is what S web 6 VC presents, it is completely disruptive without mentioning the word disruption. The disruption is merely implied, and obvious to anyone who reads.

I'll add the word disruption when it comes to making the innovate UK question 2.

The great thing is the entire presentation that I wanted to make a video for tomorrow, that I will make a video for tomorrow comes in at 999 words. Which can easily be cut down to the 600 what is your idea for innovate UK given that I have the 300 word and the 400-word introduction to present the work that is important but doesn't add to the score.

And I can drop more detailing about the swapping menus function in the marketing section being careful mate to make sure they don't see this as me trying to spend money on marketing.

Health wise everything's been pretty good.

What a turnaround from the catastrophic day on I think it was Wednesday they had system admin day.

However one thing is for certain, and I'm going to sound a little bit like Arnold Schwarzenegger here but if you keep trying you will get there, look at the scores I got on my low days I'm still scoring 100 a day, just be 'cause everything I do has multiple key results. And that work is really going very well at the moment and an off day is much about tidying the few days up that were very creative before administrating it's just not much fun and I don't enjoy doing it, so I make a big fuss about it. Laugh out loud.

But for sure, for each off-day score of 150 which really isn't a particularly good score would only really get 1000 points in a week. Which you know what half a year ago would have been fantastic but right now I'm disappointed if I don't hit 1600, I created the deity level about 8 weeks ago when I first hit 1600. Last week in the middle of the week I thought I might be able to hit it again if I managed to get great schools for the end of the week and I followed that up with a low score but then really knocked it out of park at the weekend ending up with a deity level score.

But of course, as soon as you hit two to deity level schools in a row, it's too easy, and you have to increase the amount of score that a deity level needs to achieve. And let's not pussyfoot around this needs to go up to 2000. What's the score below deity level in civilization? Thanks, Google it's immortal.

OK if I hit another 1600 this week, then the deity level will increase the 2000 and hitting 1600 will be immortal level.

Day 76: 27th Oct 2023 – LS4 Pain Hustlers Quote – The Speaker Program

[200mg Pregabalin at night]

[2 x 50mg mg of Tramadol]

[SIJ – an average day but I must say that compared to how I was before I had the injection which I can't really remember that well I am definitely not suffering in the same way, whether that is because I know now not to push myself past more than 250 extra steps a day, or whether I'm getting better by time, or whether it is the injection will only really be evident in about two to four months' time when the injection is due to wear off]

LS4 - The Speaker Programme.

17:38 - !☆☆LS4 Pain Hustler - About Quote for TPH

OK legal strategy for The Pregabalin Hangover we have found exactly what we're looking for.

A new film pain hustlers with Emily Blunt, a lot of people are going to see this a lot of paper though like this is called The Speaker Programme.

It was featured in other ones, but this is essentially the same deal you get one patient on this and it's about £100,000 the Commission is £40,000 per person.

That's what the sales agent gets per person they put on this drug.
IE for me for life, 100,000 well I don't know.

As we know the pregabalin hangover cost the UK NHS £524 million in 2015 that is already because it's a very, very, very expensive. All they (Pharma) needs to do is get one person and if you can get them on them for life which Dr Fialho has done to all of these people...

What we need to do is build the criminal case that Dr Fialho went to one of these speaker programmes and used pregabalin in the same way as is portrayed in this incident in this film and as he was portrayed in both the painkiller Netflix series and the dope sick Disney series.

I put people on it for life, and at one individual patient could give the drug company about £3,000,000 (note to self-improve that stat).

Noting that in terms of economic damage, this is before that person claims benefits and all sorts of other things because they're declared incompetent.

The criminal case is much worse, because of the blatant corruption in this process, where not only is a drug undergoing this form of fraud, but the drug is being used off label. And I'm going to great extents to show not in this case but certainly in the case of Seroquel by Astra Zeneca that the testing process is completely flawed and illegal.

The recording continues.

This is the hustle, it is the Pregabalin hangover it's another pain hustler because Pregabalin was full epilepsy some people thought it help with pain.

I found it doesn't have any effect on pain whatsoever which makes it even more of a pain hustle.

End of recording actually now is where the actual quote comes up in just a second.

The conclusion here is for Pfizer Lyrica Pregabalin

Not only are the UK government paying billions of dollars for pain drugs every year, the drug is not even effective for pain. Or at least in my case it certainly is not effective in pain and probably 99% of the cases it is not effective in pain. All they got to do is get 60% of people to say they feel better and there's a million reasons why someone might feel better on anyone given day when asked that question.

!☆☆ LS4 TPH Pain Hustlers - The Speaker Program

“Speaker programmes are Pharma’s dirty little secret —minus the ‘little’ and ‘secret.’ A speaker programme is when you fly prescribers to (Hawaii?), Pebble Beach and if you’re doing it by the book.

You get some asshole to get up there and speak, give them a slide deck, get them hitting on drug reps and getting drunk in the sun, and then they fly home and they right your drug. it's a legal (griff?) and everybody was doing it.”

and we would have to, but we were broke.”

END

Nick Ray Ball

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