

Two Theories: Gap Junctions, Electric Potential, And The Del-Operator; And Wake-Stating Different Networks

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The First Theory: Gap Junctions, Electric Potential, And The Del-Operator

Just as a vacuum cleaner motor, held in the hand, will “kick” when powered on, so the electric potential across gap junctions may at times “kick” such that a sense of alertness is felt, or wake-statedness. Then it might relax, or subside its impulse. It may be a gradient. This might occur during conversation, at a key point, or be part of routine life. In addition, that is to say, the del-operator from physics electricity and magnetism (e&m) should be studied: as entire mathematical forms and shifting perspectives can be seen.

The Second Theory: Wake-Stating Different Networks

It's not just the serial transfer of molecules, and the regulation of such, across the gap junctions. It's say the electric potential kick as listed above, and the fact that somehow entire networks are wake-stated – different networks, or the same networks somewhat or significantly shifted in their inter- and intra-connections – by the use of meds.

These are mental networks, that have their mental and physical realms interconnected. The mental informs the physical, and the physical informs the mental.

Conclusion

Those investigating psych meds should look into these features.

Coffee and lemon in water may be subtle forms of this.

Valerian root may already be a sophisticated mild anti-psychotic, and should be studied.

It's not just the regulation (rate) of the serial transfer of molecules across gap junctions. It's waveform, electric potential, the del-operator, and entire networks.

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Endnote – The Action Of Meds, Physical Meds, Mental Meds, And The Physics Moment And Del-Operator

[This endnote is taken and modified from my paper “The Neurobiogenetic View, Zen Buddhism, And ‘All Of The Above’”.]

The brain (the physical) informs the mind, and the mind (the mental) informs the brain. They are mutually interdependent and co-arising. Thus, meds may work, and they do have an effect – as any drug does. I feel that psychiatry does not yet appreciate the deeply functioning nature of drugs: how they not only may regulate the serial transfer of molecules, but may offer e&m (physics electricity and magnetism) “kick” across gap junctions, or relax such a kick, just as routine thought might; or have e&m del-operator waveform; or provide a “bath” in which the network of neurons and so forth reside or intersect; or wake-state entire networks of thought and memory. Thus, I feel that even in neuroscience, where it intersects mind studies, and it should be seen as so, these highly sophisticated factors should be taken into account. Perhaps this can even lead to the investigation of better, more medicinal meds.

I would even suggest that ‘thought on a moment’ – the moment of physics – may be relevant. And that the del-operator and so forth may be relevant to physical meds, as well as mental ones; and if this represents a deeply natural sense, each may have *supporting* cross-effects on the other, beneficial. And this would be to step out of the current meds (psych or otherwise) model, in Western medicine. Again, function – whether of the del-operator or a moment – might be key. (And the del-operator may involve the cyclical, or circle, and of course does involve gradients, impulse, and function.)

And, of course, ‘all of the above’. This, too, is part of my Mvo-P Thesis.

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