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ORAL PRESENTATION

Baseless fever research

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Lack of a uniform definition of fever and hyperthermia¹ and lack of knowledge about the purpose of fever temperature lead to prescribing antipyretics for fever as for hyperthermia. It is often forgotten that increased inflammation increases the risk of infection and death². So far, fever research has tested and treated fever by creating hyperthermia, the opposite of fever.

Many research studies use hot objects or heating materials, such as electric bulbs and prostaglandinE2 to induce fever in laboratory animals such as rats and rabbits. Fever is determined by observing the rise in temperature in these animals using a thermometer. It is not a fever-measuring device. Little did they know that what these researchers were producing and testing was not fever, but hyperthermia. In many studies, decreased blood flow and abnormalities due to inflammation have been implicated as abnormalities due to increased fever.

For example, Research shows that if a diabetic patient has a fever, both diabetes and inflammation increase. Fever causes fits, constricts blood vessels, lowers blood pressure, stimulates cold-sensing C neurons, and inhibits heat-sensing W (W) neurons...

The fundamental fallacy of fever begins here and is reflected in the definition of fever and continues in diagnosis and treatment.

Here, what happens when inflammation reduces blood flow in diabetic patients, Do fits occur when inflammation decreases blood flow to the brain? Do blood vessels constrict when blood flow is reduced due to inflammation in the body? Does inflammation lower blood pressure? Does inflammation

excite cold-sensing C neurons, and inhibit heat-sensing W(W) neurons? That's all there is to research. No researcher who has studied fever has identified prostaglandin E2 deficiency as a cause of inflammation, infection, or death.

Nowhere in fever research to date, nor current fever testing or treatment, has anyone addressed, examined, or treated why fever shows all the symptoms, signs, and actions of hypothermia caused by decreased temperature and decreased blood flow. Studies and research are based on the misconception that fever is the cause of all problems instead of disease. The causes, diagnosis and treatment of fever are fundamentally based on misinformation.

Based on this, no matter how many billions of fever experiments have been done over the centuries, it is not about the right fever. Therefore, the correct result is not obtained. Similarly, fever and hyperthermia, being from opposite sources and opposite to each other, cannot be checked with the same substances and treated with the same substances.

Biography

Yacob Mathai Kunnathazhath is a practicing physician with 36 years of experience in the healthcare field in Kerala, India. He has a deep and ongoing interest in basic medical research, particularly in the areas of fever, inflammation, and back pain. In addition to his medical practice, Yacob is an accomplished writer. He has authored and published ten books on these topics and has contributed hundreds of articles to various magazines. His scholarly work includes the publication of 11 research articles on fever in peer-reviewed journals. Following extensive scientific studies, Yacob and his team have developed a comprehensive set of 8,000 affirmative cross-checking questions. This tool is designed to address and clarify virtually every query related to fever, providing a structured and thorough understanding of the subject.

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