

ADC experiment - *advanced-death-checker*

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In order to understand what *death* is, we must ask ourselves two fundamental questions: what is death? Is it really the moment when life would cease to exist, the end of everything? What happens to consciousness when our organism stops its vital functions? Weeks, days, minutes would remain to listen us while we face the questions with extreme rationality, doing so we could even guess many aspects characterizing the life itself. For the science, according to the current knowledge on the merits, the definition of *death* indicates the permanent cessation - moreover scientifically irreversible - of all vital functions that allow to identify the individual "state" in our ordinary dimension. Noted for centuries, an indelible dogma is maintained throughout science without further interest to personally verify what can happen beyond the so-called "border" if not by experiments trying to prove what are our hypothetical visions involving the phenomenon. That's what the science explains in the matter. Numerous cases show that individuals who died within 48 hours inexplicably resume their life activities in a relatively short period of time, *typically* before the final exhumation process. Many such cases also arose in antiquity, raising concerns about the planned burials possibly on an "apparent" dead body. Keeping to this consideration, a question would arise: are we undoubtedly certain of the complete *death* of a subject while existing similar testimonies, as described? To answer, we must look at a few elements. The only methodologies available for the declaration of "death" are temporal-based distances from the beginning of cessation on all the activities indispensable to life habitually observable provided from legislative norms which can be extremely variable depending on the belonging Nation; that means that nowadays there is still **no** absolute scientific certainty capable to establish the appropriate timings in order to carry out the classification, nevertheless the final concept is exactly described as "legal death". Each Nation has timelines set by laws based on its scientific knowledge on the matter and, possibly, influenced by its own cultures and in some cases connected with strictly social ethics. Since there is no absolute knowledge about the phenomenon there may be a risk of falling into the ravine without even realizing it. The called human event "apparent deaths" could be the example of notable anomalies and frankly terrible. If life could fall - as it seemed to be - in ordinary functioning states, although rare, in the most typical cases, contained within a time interval defined as "acceptable" before the final classification, what could deny that the phenomenon could actually occur outside the same boundary on which our reference looks to be made?

Because of the current paradigm we remain with the idea that it cannot occur beyond the default temporal boundary, which takes place before a complete abandonment; it is also stated that it is not scientifically possible for a body to return to its ordinary activity due to the phenomenon of near biological decomposition, and everything that would happen in this circumstance is solely caused by this. Both assertions are mildly contradictory: if the first statement says that there may be the *non-absolute-certainty* about the death, the second - whether real - persists in believing that every phenomenon beyond the time range - which, as stated, prefixed precisely by law, therefore presumably non-absolute - is associated with biological decomposition where all studies seem to focus on. In fact, a sort of action in absolutely wanting to demonstrate a hypothetical vision on something illogical born from a mere conviction. In other words, if we simply considered that there may be reversible states regardless of the fixed previews, the deduction that "premature exhumations" are likely to be made would be very obvious as some testimonies seem to have reported, among which even during antiquity the topic was still debated. The time field in which we can know about this is particularly short before losing all contacts with the deceased patient during the burial, where he will be hermetically locked up as "convinced" that there can be no returns as they are no longer considerable. We can represent the current reflection using a small analogy: let's imagine to leave our pet - obviously only to report a reflective method and not to agree on the specific action - on an island completely lost and very far from us; how could we know what it is doing when we ask ourselves the question? In fact, we could not know. Once this is reached, it would no longer make sense to take for granted all our assumptions about what our "beloved animal" can carry out in that place - as mentioned - largely distant from our position. Therefore, returning to the clear implication, it seems impossible to validate with certainty the beginning of a death process, at least the exact starting moment, on legal definitions based on scientific knowledge precisely not absolute, not yet proven and still up for various researches. Some testimonies of exhumations show evidence about lack of biological decomposition, scientifically expected, in the bodies of the deceased after many years of the same burial and from the same death, moreover making the phenomenon questionable if only in terms of duration. Sticking to the facts if the gases, oxygen, could not penetrate the inside of a completely closed "cube" then a similar scenario could be reproduced in similar conditions, especially if "trying" to correlate the lack or (delayed) decomposition to a very low presence of gas O_2 inside the burial environment, still proving questionable when trying to apply the same explanation to a biologically living body. Assuming a sudden reactivation, for some unknown reason, of life related functions

– the individual would not be able to communicate with us. In other words, if someone ever "decided" to wake up inside the sarcophagus he would be unable to further communicate, moreover without the necessary gas to keep him alive in the ordinary state thus returning to the previous one becoming a cycle automatically without anyone knowing ever. On the other hand, if the **o2** gas were on the contrary in large (sufficient) quantities, the subject could regain life's functions while remaining in a state of "life" but still unable to communicate as well as probably entering to additional unknown states. That such events can happen outside our horizon that we refuse to understand and accept is perhaps possible, yet we simply struggle to integrate these reasonings into our common lives. In the ordinary state, that is, what we call **life**, we are used to consider the state of deep coma, as well as the vegetative state that follows it, but not in the death. Generally, the most typical action is to carefully observe particular movements by a deceased body trying to ascertain its being alive by thanatological analysis, however, a body in a state of coma does not possess at least evident mobility, so if hypothetically it came to such a condition it would not be sufficient to look for – in strict terms – *movements* only. We could remotely imagine what would happen if a deceased resumed life related functions while remaining in an identical state; it would be, at the present time, impossible to know without in-depth researches. Therefore we "agree" to include the state of vegetative coma in the ordinary system, but we completely exclude it as we are convinced that nothing can happen beyond the marked limit by conquering the scientific terminology of "irreversibility". Examining the existing dynamics of the various procedures applied on lifeless bodies, in our trainings we operate in the following way: the patient stops emitting his life signs during the treatments, the medical team will be waiting for the next upcoming minutes and, once passed, he will be moved to a place for legal observation (eg. morgue) for the next hours and as a last step will be prepared to be buried. This is what happens in the last treatment procedures. In the final stage we lose all form of contact with the deceased individual, this seems evident and preventing us from knowing its particular course. Furthermore, misdiagnoses of death in particular hospital centers cannot be excluded despite the fact that they might correctly follow the authoritarian indications provided by the institutions knowing the complexity of the topic. To this loss of information, having therefore deduced that there are, at least "been", encounters of reversibility in apparently sporadic cases, the idea of the **ADC** experiment is to exactly eliminate this time range imposed by laws by placing continuous surveillance even after a burial on the body of the deceased is done.

- **Introduction**

The purpose of the *ADC* experiment is to implement a constant monitoring on the body of the deceased despite the official confirmation of "legal death" in order to further investigate the possibility of sudden reactivations, as unforeseen or, to be clearer, completely "random", even later the extreme of the established time limit. The experiment will probably require the approval of legislative entities although it was intended to be carried out in amplitude and not in small samples, thus increasing the chances of unexpected occurs.

- **NOTES**

Such experiment may result as unethically and/or non-legislatively compliant according to current knowledge about the treated phenomenon by emphasizing that research should not be carried out for profit purposes as such, but for purposes of pure discovery. Certain conclusions can constitute a drastic source of danger in various scientific, political, religious, ethical and institutional social sectors, generating possible imbalances and subsequently deliriums. The research is absolutely not aimed at an open public, being closed to disclosure in case it is performed. The author of this manuscript does not assume responsibilities for any consequence to the practices indicated below, therefore remaining anonymous.

- **Tools**

A vital monitoring kit is needed as the available functionality of transmission and remote control. The transmitting devices must operate thanks to rechargeable energy systems, managed and replaced periodically by the agencies in charge of the "maintenance" of the deceased or anyone who may be present in the place. A reception system containing a database where all the identifying information will be stored and with them a tracking graph on the positive activities collected must be arranged, which can be placed wherever you prefer within the transmission field for the sole purpose of reporting and displaying the information sent by the remote monitoring devices. Radio transmission technologies can be exploited for the reception of information,

basically an entire apparatus capable of receiving information obtained remotely.

- **Procedure**

To carry out the experiment the following parameters can be obtained: **heart rhythm rate**, **blood pressure** and **blood saturation**. It can be also included other parameters such as brain activity through the typical **electroencephalogram** but requiring additional equipment. The monitoring devices will be installed into the defunct environment while all parameters quoted will be exclusively checked by doctors with **high** competence in Anesthesiology and Resuscitation. With the use of a monitoring system equipped with remote transmission inversely set connected to the subject, it will record all the positive activities emitted by the **cardiovascular** system or any system connected to it by capturing any clinical state belonging, of course, to our ordinary dimension (eg. coma or not) by providing information relating to their life condition. Suspicious positive activities will be stored in a database associated with the personal identity in the reception system additionally using an alarm specifically programmed to urgently report "relevant" graphic movements (continuously *positives*). A software capable of performing such an operation must be developed keeping constant monitoring active so allowing the tracking of any event of "return" in our ordinary state and the evolution of the entire process in progress by reporting anomalies. Followed and validated findings, such as an unexpected activation of the **electroencephalic** system and/or the **cardiovascular** system resulting in a "return" in the current level of reality, the competent participants will be able to revive the individual if necessary. Despite the preliminary objectives of the *ADC* experiment intend to collect information relating to events that may occur outside the perspective horizons present with only classical-medicine purposes, not metaphysics, once the individual ever "returned" in the active biological conditions the same participants will be able to submit the examinee to specific questionnaires in order to identify possible similarities regarding perceptions of reality experienced during the previous conditions potentially linked to altered states of consciousness,

as represented by *NDEs (Near-Death-Experiences)*. The known term is enclosed for "Experiences close to death" due to biological activations remanifested within the time lapse, then recognized and considered as such, subsequently used to be combined with a medically reversible condition. Any subject experienced levels of reality not to order even in actual death or identical to that reported by the **NDE**, it would open a new knowledge of the phenomenon of *death* and what happens to it additionally making the terminology of "**NDE**" meaningless as it is used not only to consider the particular experiences lived, but also to be categorized to a - as stated - clinical condition considered reversible losing meaning if analytical evidence appeared in the exam following the functional cancellation of the term to describe and twenty recurrent "close" to death, but exactly being part of it.

- **Conclusions**

By carrying out the experiment, the enrichment of current knowledge would become concretely predictable, impossible to deny how unexpected conclusions can change the conceptions of life and its destination. One's own philosophies can simply be the fruit of such a reflection that can be articulated in experiment. Considering psychoanalysis, it would not be surprising that such a phenomenon as the departure from the unknown simply belongs to the mere human-biological disposition if allowed to say so, because unknown is what hurts. As we remove what is bad, so we abandon what is of bad appearance, because the higher our "lifeblood" is, the greater we will be magnetized to the same as everything that dissociates it is not included to the "plans" it reserves.

"The unknown does not follow our hypotheses, our hypotheses should follow the unknown"
"Although I leave, I will not close the book"