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EFFECTS OF ASPERGILLUS AZULOSIS NEUROTOXICITY ON THE EMPATHIC AND TELEPATHIC BRAIN RESULTING IN AGITATION OF THE PARAHIPPOCAMPAL GYRUS AND TREATMENT OF TELENEUROAZUTOXICOSIS: A CASE STUDY REPORT

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ABSTRACT

153 CASES OF TELENEUROAZUTOXICOSIS [AZUTOXICOSIS] HAVE BEEN RECORDED AS OF STARDATE 53450.0625822202, RESULTING FROM EXPOSURE TO HIGHLY DIFFICULT TO DETECT ASPERGILLUS AZULOSIS SPORES. THE MYCOTOXIC SYMPTOMS ACCELERATE QUICKLY, CAUSING HYPER-STIMULATION OF THE AMYGDALA AND PARAHIPPOCAMPAL GYRUS WHICH RESULTS IN BROAD-SPECTRUM TELEPATHIC PROJECTION OF THE PATIENT'S FEARS, ANXIETIES AND TRAUMATIC MEMORIES. THE HALLUCINATIONS PRODUCED IN THE INDIVIDUALS AROUND THEM ARE VIVID ENOUGH TO BE PERCEIVED AS REALITY.

UNTREATED, AZUTOXICOSIS LEADS TO ENCEPHALITIS, SEIZURES, MENINGITIS, COMA AND BRAIN DEATH WITHIN 26-80 HOURS.

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1. PATIENT INFORMATION

1A. STUDY DEMOGRAPHICS

65 PATIENT CASE STUDIES WERE COMPILED AND CROSS-REFERENCED DOCUMENTING THE DIAGNOSIS AND TREATMENT OF ASPERGILLUS AZULOSIS INHALATION IN HUMANOID INDIVIDUALS CAPABLE OF EMPATHIC AND TELEPATHIC NEUROACTIVITY.

32 BETAZOIDS, 14 VULCANS, 6 CAIRN AND 13 INDIVIDUALS OF INTER-XENOGENETIC HERITAGE WERE INCLUDED IN THE ACCUMULATED STUDIES. 62% OF CASES WERE ANATOMICALLY MALE, 38% ANATOMICALLY FEMALE. THE 65 INDIVIDUAL CASES REPRESENT 7 OUTBREAKS OF ASPERGILLUS AZULOSIS SPORES. 100% OF TELEPATHICALLY CAPABLE INDIVIDUALS EXPOSED TO A. AZULOSIS CONTRACTED DURING THESE OUTBREAKS. EMPATHIC PATIENTS (24 INDIVIDUALS REPRESENTED) DEVELOPED HIGHLY ELEVATED TELEPATHIC BRAIN WAVES IN A MATTER OF HOURS POST-EXPOSURE VIA FRENETIC ACTIVITY AND SUDDEN TISSUE THICKENING OF THE PARAHIPPOCAMPAL GYRUS.

AS OF 53450.0625822202, NO CASES OF AZUTOXICOSIS HAVE BEEN DOCUMENTED IN NON-TELE/EMPATHIC INDIVIDUALS AND NON-TELE/EMPATHIC INDIVIDUALS APPEAR TO HAVE NO ADVERSE REACTION TO EXPOSURE TO A. AZULOSIS.

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1B. ASPERGILLUS AZULOSIS HABITAT, BEHAVIOR AND SCOPE OF SPREAD

A. AZULOSIS ORIGINATES FROM DORVAN V, GROWS ON VASCULAR PLANTS AND RELIES ON A NARROW SET OF CONDITIONS TO PROPAGATE. ADDITIONALLY, A. AZULOSIS IS A DELICATE SPORE WHICH IS HIGHLY SELECTIVE ABOUT THE PLANTS IT WILL CLAIM AS HABITAT. THEREFORE, ONCE DETECTION IS ACCOMPLISHED, ERADICATION IS RELATIVELY SIMPLE. FOR FURTHER REGARDING A. AZULOSIS DETECTION AND ELIMINATION, SEE SECTION 6.

A. AZULOSIS IS NEARLY IMPOSSIBLE TO DETECT PRIOR TO SIGNIFICANT PROPAGATION WHICH HAPPENS ABRUPTLY AND WITH EXTREME RAPIDITY. SPORES ARE ACTIVELY RELEASED AND AZUTOXICOSIS IS CAUSED BY INHALATION.

ALL RECORDED CASES OF AZUTOXICOSIS HAVE OCCURRED IN EXOPLANETARY HORTICULTURAL ENVIRONMENTS SUCH AS NURSERIES, SEED DISTRIBUTORS AND BOTANICAL GARDENS.

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1C. CONCERNS AND SYMPTOMOLOGY

WITHIN AN ESTIMATED 10-20 HOURS OF SPORE EXPOSURE, TELEPATHIC AND EMPATHIC PATIENTS WILL BEGIN TO UNKNOWINGLY PROJECT HIGHLY REALISTIC HALLUCINATIONS, REGARDLESS OF LEVEL OF TELEPATHIC ABILITY. THE MASS HALLUCINATIONS EXPERIENCED BY SURROUNDING TELERECEPTIVE INDIVIDUALS ARE INFLUENCED BY THE PATIENTS' ANXIETIES, CONCERNS, FEARS, PHOBIAS AND NEGATIVE MEMORIES.

THE HALLUCINATIONS CAN APPEAR IN A WIDE SPECTRUM OF GRAVITAS, FROM INNOCUOUS CONCERNS TO VIOLENT MEMORIES AND EVEN MANIFESTATIONS OF PARANORMAL FEARS. SOME HALLUCINATIONS INCLUDE DETAILS IDENTIFYING THE SOURCE PATIENT BUT OFTEN THE CIRCUMSTANCES ARE TOO VAGUE TO DETERMINE THE TELEPROJECTOR, EVEN WITH PATIENT INTERVIEW. INTERVIEWS SHOW THAT THE PATIENT MAY OR MAY NOT BE AWARE OF THESE PROJECTED ANXIETIES AND REPORT EXPERIENCING VARYING LEVELS OF SELF-AWARE PREOCCUPATION REGARDING THE TOPICS OF THE PROJECTIONS.

AS THE NEUROTOXICOSIS PROGRESSES, THE PATIENT WILL BEGIN TO EXPERIENCE PHYSICAL DISCOMFORT DUE TO INCREASING INFLAMMATION OF THE NERVOUS SYSTEM. PHYSICAL SYMPTOMS RESEMBLE INFLUENZA, WITH HEADACHES, CHILLS, TREMORS AND VERTIGO.

LATE STAGE DIAGNOSIS IS LARGELY RESPONSIBLE FOR THE DEATHS ON RECORD (EXCLUDING DEATHS CAUSED OUTSIDE OF NEUROLOGICAL CIRCUMSTANCES.)

DUE TO PARTICULARLY VIOLENT ACTIVITY OF THE AMYGDALA IN VULCAN AND VULCAN-XENO MIXED INDIVIDUALS, THESE PATIENTS EXPERIENCED PARTICULARLY HEIGHTENED EMOTIONAL STATES WHICH CAN LEAD TO PANIC EPISODES AND CARDIAC ARREST.

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2. CLINICAL FINDINGS

PRELIMINARY SCANS REVEAL INCREASED BRAIN WAVE ACTIVITY, THOUGH IN SEEMINGLY RANDOM PATTERNS.

DEEP BRAIN SCANS SHOW THE HEIGHTENED ACTIVITY IS LARGELY FOCUSED IN THE AMYGDALA AND PARAHIPPOCAMPAL GYRUS. THE HEMISPHERES OF THE PARAHIPPOCAMPAL GYRUS WILL EVENTUALLY ACTIVATE IN SYNCHRONIZED ALTERNATION, LEADING ULTIMATELY TO CLONIC-TONIC SEIZURES.

FIRST SIGNS OF INFLAMMATORY REACTION MANIFEST WITHIN 10 HOURS OF SYMPTOM ONSET, STARTING WITH ENCEPHALITIS AND LEADING TO MENINGITIS AROUND 24 HOURS OF ONSET.

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3. DIAGNOSTIC ASSESSMENT

DEEP BRAIN SCAN AND SUSTAINED ELECTROENCEPHALOGRAM WILL REVEAL TELENEUROAZUTOXICOSIS VIA PATTERNS AND INTENSITY OF ACTIVITY, WHICH MUST BE RECOGNIZED BY A DIAGNOSTICIAN.

A. AZULOSIS CAN ALSO BE DETECTED IN CEREBROSPINAL FLUID, THOUGH HAS THUS FAR ONLY BEEN DOCUMENTED IN CASES THAT EXTENDED PAST 26 HOURS AFTER SYMPTOM ONSET WITHOUT INOCULATION. (DOCUMENTED BOTH LATE STAGE AND POST-MORTEM.)

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4. THERAPEUTIC INTERVENTION

4A. TYPES OF INTERVENTION

4AA. SYMPTOM MITIGATION - A SPECIES-APPROPRIATE NEUROANTI-INFLAMMATORY SHOULD BE ADMINISTERED TO SLOW THE EFFECTS OF ENCEPHALITIS AND MENINGITIS.

CORTICAL INHIBITION IN THE INTEREST OF SUPPRESSING THE PROJECTED HALLUCINATIONS PRODUCED MIXED RESULTS WITHOUT OBVIOUS CORRELATION IN EXAMINATION OF 4 OF THE 7 OUTBREAKS.

4AB. EMOTIONAL VOLATILITY SAFETY MEASURES - IF AVAILABLE, A PSYCHIATRIC PROFESSIONAL SHOULD BE PRESENT FOR THE DURATION OF THE INFECTION AS THE PATIENT'S EMOTIONAL STATE WILL BECOME UNPREDICTABLE. SOME PATIENTS WILL REQUIRE SEDATION TO PREVENT INJURY TO THEMSELVES AND OTHERS. STUDIES REGARDING EFFECTS OF SEDATION ON THE INFECTION ARE INCONCLUSIVE.

4AC. MYCOTOXIC INOCULATION - AZUMALKINATE IS AN EASILY SYNTHESIZABLE ANTIFUNGAL CHEMICAL COMPOUND, DELIVERED VIA HYPOSPRAY DIFFUSION. SYNTHESIS TAKES 3 HOURS. HALLUCINATION SUPPRESSION SHOULD HAPPEN WITHIN 2 HOURS OF ADMINISTRATION AND INFLAMMATION SHOULD REDUCE WITHIN 6 HOURS. IN CASES OF EARLY DIAGNOSIS, BARRING COMPLICATIONS, PATIENTS CAN FEEL FULL RECOVERY WITHIN 26 HOURS.

[SEE AZUMALKINATE DOSAGE GUIDELINES]

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5. FOLLOW-UP AND OUTCOMES

5A. CLINICIAN-ASSESSED OUTCOMES

WITH TIMELY DIAGNOSIS, AZUTOXICOSIS IS HIGHLY TREATABLE. ONLY 4% OF DOCUMENTED CASES ENDED IN BRAIN DEATH, LARGELY DUE TO LATE STAGE DIAGNOSIS.

ALLOWANCES SHOULD BE MADE FOR THE PATIENT FOLLOWING THE INFECTION TO RECOVER FROM WHAT WILL BE EXPERIENCED AS A SERIOUS TRAUMATIC EVENT.

THE SOCIAL CIRCUMSTANCES SURROUNDING THE TELEPROJECTIONS MORE OFTEN THAN NOT PROVES TO BE MORE DANGEROUS THAN THE INFECTION ITSELF. COORDINATION OF CROWDS AND DISSEMINATION OF INFORMATION ABOUT THE HALLUCINATIONS AND INFECTION SHOULD BE TOP PRIORITY FOR ANYONE IN AN A. AZULOSIS OUTBREAK.

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5B. FOLLOW-UP DIAGNOSTICS

DEEP SCANS SHOULD BE PERFORMED DAILY POST-INOCULATION TO MONITOR ACTIVITY OF THE AFFECTED BRAIN REGIONS. SECONDARY INOCULATION WAS REQUIRED IN 10% OF PATIENTS.

PSYCHIATRIC FOLLOW-UP IS KEY TO AZUTOXICOSIS PATIENTS. CAREGIVERS AND FAMILY MEMBERS SHOULD BE AWARE OF THE EMOTIONAL STATE OF THE PATIENT IN THE WEEKS FOLLOWING THE INFECTION.

A. AZULOSIS SPORES MUST BE DETECTED AND ERADICATED FROM THE ENVIRONMENT AS RECURRENCE OF AZUTOXICOSIS IS POSSIBLE IF THE PATIENT IS RE-EXPOSED.

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5C. ADVERSE AND UNANTICIPATED EVENTS

5 OF 24 EMPATHIC PATIENTS WERE FOUND TO RETAIN THEIR NEWLY ACQUIRED TELEPATHIC BRAIN PATTERNS POST-INOCULATION, THOUGH NONE OF THE SURVIVING PATIENTS RETAINED TELEPATHIC PROJECTION ABILITIES.

SPECIFIC ATTENTION SHOULD BE PAID TO VULCAN AND VULCAN-XENO MIXED PATIENTS WITH PREVENTATIVE MEASURES TO MODERATE INEVITABLE EMOTIONAL VOLATILITY. 2 VULCAN PATIENTS INCLUDED IN THIS STUDY EXPERIENCED EXTENSIVE PSYCHOEMOTIONAL TRAUMA WHICH REQUIRED REHABILITATIVE THERAPIES.

17 OF THE 153 DOCUMENTED CASES OF TELENEUROAZUTOXICOSIS RESULTED IN DEATH, ALL WITHIN 80 HOURS OF SYMPTOM ONSET. 2 OF THESE DEATHS WERE CAUSED BY SUICIDE, 3 BY EMOTIONALLY INDUCED CARDIAC ARREST, 6 BY FATAL ACCIDENTAL INJURY AND 6 BY NEUROTOXICITY LEADING TO BRAIN DEATH.

PRECAUTIONS SHOULD BE MADE TO DEAL WITH THE PATIENTS' EFFECTS ON THE SOCIAL ENVIRONMENT AROUND THEM UNTIL TELEPATHIC PROJECTION SUBSIDES. 4 BYSTANDER DEATHS HAVE BEEN RECORDED DURING AZUTOXICOSIS OUTBREAKS, RELATED TO BYSTANDERS' SHARED HALLUCINATIONS.

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6. MYCOTOXIC SOURCE DETECTION, ELIMINATION AND CONTROL

[SEE FEDERATION XENOBOTANICAL GUIDELINES FOR DETECTION AND ELIMINATION OF A. AZULOSIS]

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