

An Unsettling Reality - A Narrative of an Obvious Conspiracy and Misdiagnosis

The recent, unsolicited appearance of a folder titled "Cambridge Core," containing a PDF document on "Patterns and motivations for method choices in suicidal thoughts and behaviour qualitative content analysis of a large online survey," is deeply unsettling. More disturbing than the document's content is the fact that neither the folder nor the file were added by me; they simply materialized within my Windows 11 environment. This uncanny occurrence, among others, strongly suggests a deliberate attempt to portray my inevitable death as a suicide.

While the term "suicide" implies self-infliction, I maintain that I will not take my own life, yet I anticipate my death. The underlying implication is that my father, now deceased for approximately a year, will be implicated as the perpetrator, with organophosphate poisoning, a heart or brain stroke, or some other fabricated cause cited. I am prepared to provide a comprehensive list of all actions taken against me, both past and ongoing.

Despite a diagnosis of paranoid schizophrenia (F-20.0 as per ICD-10/MKB-10), which has caused significant suffering, I question its validity. According to DSM-V criteria, such a severe mental illness necessitates the presence of specific symptoms, which, in my case, were largely absent for a considerable period. My initial diagnosis at age 19 or 20 was established after a mere eight-minute consultation with a psychiatrist I never saw again. Medical records reportedly indicated "reference delusions," but the underlying cause or mechanism was never determined.

Remarkably, almost a decade and a half later, at age 33, symptoms, specifically "prosecution-based delusions" and subsequently auditory and visual hallucinations, finally began to manifest. This belated appearance of symptoms, after such a prolonged absence, leads me to commend the psychiatrist (possibly named Aleksander, though I only saw him once for a brief period) who made the initial diagnosis. His perceived clairvoyance, seemingly akin to fortune-telling without the associated "fortune," suggests an extraordinary ability, or perhaps a profound flaw, within the Slovene Medical System, government, or even the country itself.

The persistent inclusion of "Paranoid Schizophrenia" in all my medical documentation, often bolded for emphasis, appears to be a deliberate strategy to circumvent the absence of actual symptoms. This approach, which managed to obscure the lack of symptoms for nearly 15 years, became unnecessary once I reached 33, as the alleged symptoms became "beyond evident." My claims, despite meticulous documentation and supporting academic studies, were dismissed as "delusions" and were never investigated by law enforcement or other authorities.

I maintained that my father was manipulated into attempting to poison me with low, constant dosages of organophosphates, coupled with UV Gamma light, EMF, and direct DC. He was advised by someone with a PhD, indicating a more complex scheme than a simple act by my father. The sole image of him will likely be disregarded.

My father was not the true perpetrator but a pawn. I believe he was drugged with repackaged medication and had hidden applications on his smartphone that emitted RF, DC,

and EMF at specific frequencies, subtly influencing his behavior towards me. This was compounded by social engineering tactics involving a single individual—his drug dealer, identified as "Aleš," who is, in fact, an elusive Slovene Military-employed individual. My father exhibited tendencies consistent with both ASPD and NPD (displaying symptoms of both overt and covert subtypes), making a definitive subtype determination difficult.

My mother, who seemed aware of these circumstances, may also have received an unsupported, yet boldly documented, diagnosis. Our medical system, it seems, prioritizes bolded, disturbing terminology over actual symptomatic evidence. I have meticulously reviewed the DSM-V, yet I found no mention of bold letters on medical documentation being a sufficient basis for diagnosis, especially when unsupported by symptoms. However, this approach, combined with an ICD-10 categorization (F-20.0 in my case), effectively prevented any deeper inquiry.

My attempts to navigate the legal system, from inspectorates to the police, consistently led to dead ends. Law enforcement officers, upon arriving at my residence, refused to investigate my claims, citing my medical documentation and their conversations with my mother. They asserted that my mother's statements, which they deemed "absolute truth," would form the basis of their case, while my own testimony would be dismissed due to my diagnosis. They explicitly stated their intent to discredit me and revoke my driving license, assuring me that I would fail the mandatory medical exam. They acknowledged that my mother's statements were technically "hearsay" but implied that any court victory would be moot, as I would "be gone by then anyway." Furthermore, they explicitly thanked me for the documented evidence, stating it would aid them in framing my father as the sole culprit, rather than acknowledging him as a pawn. Their final pronouncement was chillingly direct: "You're done." And they were not wrong.