

The Principle, rather than the Theory, of Water Memory-Information.

By

Sergio Stagnaro MD

Via Erasmo Piaggio 23/8, 16039 Riva Trigoso (Genoa) Italy

Founder of Quantum Biophysical Semeiotics, Honorary President of International Society of

Quantum Biophysical Semeiotics (SISBQ)

Who's Who in the World (and America)

since 1996

Ph 0039-0185-42315 Cell. 3338631439

www.semeioticabiofisica.it

www.sisbq.org

dottsergio@semeioticabiofisica.it

Introduction.

A principle is a law or rule that has to be, or usually is to be, followed, or can be desirably followed, or is an inevitable consequence of something, such as the laws observed in nature or the way that a system is constructed.

Principles are at the fundamental of praxis. The principles of every system must be understood by its users as the essential characteristics of the system, or reflecting system's designed purpose, and the effective operation or use of which would be impossible if any one of the principles was to be ignored.

For instance, we speak of a descriptive comprehensive and fundamental law, doctrine, or normative rule or code of conduct, a law or fact of nature underlying the working of an artificial device.

On the contrary, the theory (from Greek θεωρία, is a looking at, viewing, beholding, and refers to contemplation or speculation, one has to demonstrate. In contrast to old eastern philosophy, according to yin and yang concept, in western countries theory is a term often opposite, to practice (from Greek πράξις), an Aristotelian concept which is used in a broad way to refer to any activity done for the sake of action, while theory does need an aim which is an action.

A classical example of the distinction between theoretical and practical in Medicine: medical theory and theorizing involves trying to understand the causes and nature of health and sickness, while the practical side of medicine is trying to make people healthy. These two things are related but can be independent, because it is possible to research health and sickness without curing specific patients, and it is possible to cure a patient without knowing how the cure worked.

In science the term theory, or scientific theory, is generally understood to refer to a proposed explanation of empirical phenomena, which can be explained with scientific method, but not in all cases. In fact, according to Freud, events may happen even if we cannot demonstrate them.

Such theories are preferably described in such a way that any scientist in the field is in a position to understand, corroborate or falsify it. In the modern scientific context the distinction between theory and practice, with its principles corresponds roughly to the distinction between theoretical science and applied science.

At this point, I emphasise the common distinction, sometimes made in science, between theories and hypotheses: the former being considered as satisfactorily tested or proven and the latter used to denote conjectures or proposed descriptions or models which have not yet been tested or proven to the same standard.

In following I illustrate what accounts for the reason we must speak of Principle, rather than Theory of Water-Memory-Information, a term I consider more precise and up-dated than Benveniste's old reductive definition Memory-Information (1).

Benveniste was right: the Principle of Water Memory-Information.

The topic of water memory(-information) has fascinated scientists for decades. A part from the thoughts of Computer scientists, who have tried to understand how water can act in a manner similar to computer chips, such a controversial topic can be solved especially in a CLINICAL way, really refined, reliable and easily reproducible, as I demonstrated previously (2-5).

All living cells, composed of between 70 and 90% water, emit biophotons which cannot be seen by the naked eye but can be either measured by special equipment, or evaluated as modifications brought about in biological system functions.

Cells communicate admittedly via bursts of energy in the ultraviolet electromagnetic bands above the visible light spectrum, thus obscuring them from our vision, as well as via neuropeptides, present in every part of the body. These energy emissions control vital bodily processes.

For instance, healthy and cancerous cells emit quite different photons of energy, paralleling their different microcirculatory and microcirculation patterns, we now can gather and retransmit through some quantum devices*.

According to my previous clinical researches on mit-DNA and n-DNA antenna, in biological systems, molecules, like neuropeptides, including those functioning as neurotransmitters, and hormones, act by means of Energy-Information at least in the first of two phases (6-9, 22).

One of the most clear cut examples of how water memory researchers work from assuming their conclusion is in the realm of mathematical modelling. A recent example was published in the water memory issue of homeopathy (23). The author of this paper took a list of assumed properties of water memory based around assumptions of homeopathy and then constructed a mathematical model that described these assumptions. In the paper, the author has no physical experimentation in which to ground his model and no logical constraints other than "it makes the equation do what I want" for most of his manipulations.

In a few words, here is no empirical grounding for this research. As Richard Feynman said "It does not make any difference how smart you are, who made the guess, or what his name is – if it disagrees with experiment it is wrong". This is, frankly, terrible science, yet it's the *best* that research into these extraordinary claims has to offer. It is no wonder that so few people take this stuff .

Until July 2011, the seemingly unscientific nature of the hypotheses on water memory(-information) has been explored by a large number of Authors, but they have a lot of flaws in common. All start with the assumption that the phenomenon in question actually exists, and moves from there to try to find a reason why. None of these reasons have any scientific plausibility, until I tried to solve such a problem in a very different way, using bedside assessment of possible modification of the unktion of biological systems, firstly at the base and than under treatment with properly energised water (2-5).

Furthermore, a part from QBS experiments, all others fail to provide adequate control and rigorous determinations of purity, and fail to assess error in the measurements. The proponents also give possible explanations of the phenomenon without any link between their data and the proposed physical explanations.

I prefer to provide positive, significant, clinical corroborations, easily reproducible, using a simple stethoscope, based on normalization of biological system impaired functions, bedside evaluated in quantitative way with the aid of Quantum Biophysical Semeiotics, as the following experimental evidences suggest.

Bedside fundamental Demonstrations of the Principle of Water Memory-Information.

In the water of a glass physician solves three drops of a drug efficacious in stimulating antibody synthesis, e.g., C.**, shaking it for about 30 sec. Interestingly, in health, away less than 1 meter from this glass, located on a table, the BALT antibody synthesis “simultaneously” increases maximally (24, 25).

Moreover, after swallowing such a energised water, its positive, afore-mentioned effect, i.e., the stimulation of acute antibody synthesis, “simultaneously” occurs, lasting for about 8 hours and than slowly disappears in further three hours (2-4).

Regarding my goal, it is of paramount import the fact that the **pure** water, contained in a glass located near the first one, wherein C.** has been solved, in 10 minutes become energized in the same way of the water containing the drug, showing the identical benefit.

In addition, swallowing the **pure, but energized**, water one feels a slightly acidulous taste, typical of water containing the above-mentioned drug.

The following experimental evidence demonstrates in clear-cut manner that Water Memory-Information is a propriety of water, so that we have to speak of water memory-information principle, rather than theory.

Gathered extremely high frequency energy from a patient suffering from an acute inflammatory disorder, as acute pharyngitis or gastroenterocolitis, as I described in earlier articles (2-5), physician energises the water contained in a glass, as illustrated above. Notoriously he observes that such a water appear “simultaneously” activated, activating in turn antibody synthesis of patient, located near the glass.

Immediately after these observation, physician puts a second glass, containing **pure** water, near the first one. “Simultaneously” also this water contained in the second glass, appears energized, bringing about the identical antibody stimulation, e.g., in the superior BALT.

Quantum Biophysical Semeiotics high-lightens the Enigma of antiplatelet Action Mechanism of a famous salicylate drug.

Notoriously, low doses of aspirin have an anti-platelet effect which is used to help prevent problems like heart attacks and strokes from occurring in people who are at risk. The usual dose is one low-dose aspirin, generally as tablet: 75 mg.-100 mg. This antiplatelet effect is used to prevent blood clot formation inside arteries, particularly in individuals who have atherosclerosis, or are otherwise prone to develop blood clots in their arteries, i. e. in individuals at risk of a heart attack, a stroke, acute coronary syndrome (minor heart attack or unstable angina), atrial fibrillation, a coronary artery bypass operation. The site of aspirin action is endothelial cell.

In my opinion, here is the enigma, if we not accept the homeopathic theory, of course: 75 mg. or 100 mg. of a famous salicylate drug is able to treat endothelial biological system, which weighs about 300 gr. (10).

Quantum Biophysical Semeiotics allows finally doctor to understand a famous salicylate drug antiplatelet action mechanism, according to the theory of n-DNA, mit-DNA, and receptor Antenna, I demonstrated clinically in previous articles (10-21).

The following experimental evidence demonstrates the real action mechanism, I am suggesting: if an individual is located away, less than 1 meter, from a glass containing water wherein is solved a NASD, a famous salicylate drug, even in a minimal dose, “simultaneously” type I, associated, physiological microcirculatory activation occurs in every joint (24-29).

As a consequence, due to the increased endocellular energy level, latency time of joint-gastric aspecific reflex raises from basal 8 sec. to 16 sec., double value, when digital pressure is of “mean” intensity.

*contact the author about the name of the quantum device

** contact the author about the name of the drug

References.

- 1) Davenas E, Beauvais F, Amara J, Oberbaum M, Robinzon B, Miadonna A, Tedeschi A, Pomeranz B, Fortner P, Belon P, et al. Human basophil degranulation triggered by very dilute antiserum against IgE. *Nature*, 338. 816 - 818 (1988).
- 2) Stagnaro Sergio. First Water Memory-Information Demonstration through Quantum Biophysical Semeiotics. 1 July, 2011, <http://stagnaro.wordpress.com/> ; <http://www.sisbq.org/journal-of-quantum-biophysical-semeiotics1.html>; <http://www.sisbq.org/uploads/5/6/8/7/5687930/watermemoryinformation.pdf>
- 3) Stagnaro Sergio. Water Memory-Information containing Muscle Extremely High Energy Frequency: Is the Therapeutic Problem of Chronic Fatigue Syndrome solved? 7 July, 2011, <http://stagnaro.wordpress.com/2011/07/07/water-memory-information-containing-muscle-extremely-high-energy-frequency-is-the-therapeutic-problem-of-chronic-fatigue-syndrome-solved/> ; <http://www.shiphusemeioticscom-stagnaro.blogspot.com/2011/07/water-memory-information-containing.html>
- 4) Stagnaro Sergio. Water Memory-Information based Therapy: quick Recovery from Arthrosis-Dependent Backache. www.sisbq.org. 14 July, 2011. http://www.sisbq.org/uploads/5/6/8/7/5687930/watermemory_adb.pdf
- 5) Stagnaro Sergio. Glycocalix Quantum-Biophysical-Semeiotic Evaluation plays a Central Role in Demonstration of Water Memory-Information. www.sisbq.org. 15 July, 2011, http://www.sisbq.org/uploads/5/6/8/7/5687930/wmi_glycocalyx.pdf
- 6) Sergio Stagnaro. Ruolo del DNA Antenna nella Diagnosi Semeiotica Biofisica Quantistica dei Primi due Stadi del Diabete Mellito tipo 2. www.fceonline.it, 19 novembre 2010. http://www.fceonline.it/images/docs/dna_diabete.pdf; http://qbsemeiotics.weebly.com/uploads/5/6/8/7/5687930/dna_t2dm.pdf
- 7) Sergio Stagnaro. Psychokinetic Diagnostics. Mind, Matter and Energy-Information. www.scivox.com, 16 September, 2010. <http://www.sci-vox.com/stories/story/2010-09-16psychokinetic+diagnostics.+mind%2C+matter+and+energy-information..html>

- 8) Sergio Stagnaro. New Renaissance of Medicine. Type 2 Diabetes Mellitus Primary Prevention. *Lectio Magistralis*. <http://qbsemeiotics.weebly.com/atti-del-convegno.html>, 16 november, 2010; http://qbsemeiotics.weebly.com/uploads/5/6/8/7/5687930/report_stagnaro.pdf ; <http://www.semeioticabiofisica.it/semeioticabiofisica/Documenti/Eng/Nuovo%20Rinascimento%20eng.doc>
- 9) Stagnaro Sergio. Ruolo del Glicocalice nella Valutazione Semeiotica Biofisica Quantistica della Sindrome del Fegato Iperfunzionante. 3 marzo 2011. <http://www.piazzetamedici.it/professione/professione.htm>
- 10) Pratesi F. Microcircolazione e Microangiologia. Ed. Minerva Medica. Torino. 1990.
- 11) Sergio Stagnaro. Ruolo del DNA Antenna nella Diagnosi Semeiotica Biofisica Quantistica dei Primi due Stadi del Diabete Mellito tipo 2. www.fce.it, 19 novembre 2010. http://www.fceonline.it/images/docs/dna_diabete.pdf; http://qbsemeiotics.weebly.com/uploads/5/6/8/7/5687930/dna_t2dm.pdf
- 12) Sergio Stagnaro. Psychokinetic Diagnosis and two Dimensions of Time, T1 and T2. www.scivox.com, 23 August, 2010. <http://www.sci-vox.com/stories/submit.html>
- 13) Sergio Stagnaro. Psychokinetic Diagnostics. Mind, Matter and Energy-Information. www.scivox.com, 16 September, 2010. <http://www.sci-vox.com/stories/story/2010-09-16psychokinetic+diagnostics.+mind%2C+matter+and+energy-information..html>
- 14) Sergio Stagnaro. New Renaissance of Medicine. Type 2 Diabetes Mellitus Primary Prevention. *Lectio Magistralis*. <http://qbsemeiotics.weebly.com/atti-del-convegno.html>, 16 november, 2010; http://qbsemeiotics.weebly.com/uploads/5/6/8/7/5687930/report_stagnaro.pdf ; <http://www.semeioticabiofisica.it/semeioticabiofisica/Documenti/Eng/Nuovo%20Rinascimento%20eng.doc>
- 15) Sergio Stagnaro. Ruolo del DNA Antenna nella Diagnosi Semeiotica Biofisica Quantistica dei Primi due Stadi del Diabete Mellito tipo 2. www.fce.it, 19 novembre 2010. http://www.fceonline.it/images/docs/dna_diabete.pdf; http://qbsemeiotics.weebly.com/uploads/5/6/8/7/5687930/dna_t2dm.pdf
- 16) Sergio Stagnaro. Siniscalchi's Sign. Bedside Recognizing, in one Second, Diabetic Constitution, its Inherited Real Risk, and Type 2 Diabetes Mellitus. 24 December, 2010, www.scivox.com, <http://www.sci-vox.com/stories/story/2010-12-25siniscalchi%27signi.bedside++diagnosing+type+2+dm.html>; www.schipu.com; <http://wwwshiphusemeioticscom-stagnaro.blogspot.com/>
- 17) Sergio Stagnaro. Bedside Diagnosing Ovarian Oncological Inherited Real Risk and Cancer. 27 December 2010. www.wordpress.com; <http://stagnaro.wordpress.com/?p=11&preview=true> ; www.fce.it; <http://www.fceonline.it/wikimedicina/semeiotica-biofisica/211/12357-diagnosi-di-reale-rischio-oncologico-di-cancro-alle-ovaie.html>; www.scivox.com; <http://www.sci-vox.com/stories/story/2010-12-28bedside+diagnosing+ovarian+cancer+inherited+real+risk..html>; www.schipu.com; <http://wwwshiphusemeioticscom-stagnaro.blogspot.com/2010/12/bedside-diagnosing-ovarian-oncological.html>

18) Sergio Stagnaro. The Sign of Raggi In Early, and Rapid Bedside Diagnosing Bone Lesion, Including The Metastasis. 7 January, 2011. www.scivox.com, <http://www.sci-vox.com/stories/story/2011-01-07raggi%27s+sign.+bedside+diagnosing+bone+marrow+disorders..html>;

19) Simone Caramel and Sergio Stagnaro (2011) Quantum Biophysical Semeiotics and mit-Genome's fractal dimension *Journal of Quantum Biophysical Semeiotics*, 1 1-27, http://www.sisbq.org/uploads/5/6/8/7/5687930/joqbs_mitgenome.pdf

20) Stagnaro Sergio. Rinaldi's Sign in Diagnosing Di Bella's Oncological Terrain and overt Cancer, solid and liquid. II Convegno Nazionale della SISBQ, Chiusi (Siena), 28-29 maggio 2011. *Lectio Magistralis*. <http://www.sisbq.org/acts-of-the-second-conference.html> http://www.sisbq.org/uploads/5/6/8/7/5687930/rinaldisign_eng.pdf

21) Stagnaro Sergio e Paolo Manzelli. Semeiotica Biofisica Endocrinologica: Meccanica Quantistica e Meccanismi d'Azione Ormonali. Dicembre 2007, www.fce.it, http://www.fcenews.it/index.php?option=com_content&task=view&id=816&Itemid=45

22) Sergio Stagnaro. Psychokinetic Diagnosis and two Dimensions of Time, T1 and T2. www.scivox.com, 23 August, 2010. <http://www.sci-vox.com/stories/submit.html>

23) David J. Anick. The octave potencies convention: a mathematical model of dilution and succussion. *Journal Club*. Volume 96, Issue 3, July 2007, Pages 202-208.

24) Stagnaro-Neri M., Stagnaro S. Introduzione alla Semeiotica Biofisica. Il Terreno Oncologico. Travel Factory, Roma, 2004. http://www.travelfactory.it/semeiotica_biofisica.htm

25) Stagnaro-Neri M., Stagnaro S., Semeiotica Biofisica del torace, della circolazione ematica e dell'anticorpopoiesi acuta e cronica. *Acta Med. Medit.* 13, 25, 1997

26) Stagnaro S., Valutazione percusso-ascoltatoria della microcircolazione cerebrale globale e regionale. *Atti, XII Congr. Naz. Soc. It. di Microangiologia e Microcircolazione*. 13-15 Ottobre, Salerno, e *Acta Medit.* 145, 163, 1986.

27) Stagnaro-Neri M., Stagnaro S., Auscultatory Percussion Evaluation of Arterio-venous Anastomoses Dysfunction in early Arteriosclerosis. *Acta Med. Medit.* 5, 141, 1989.

28) Stagnaro-Neri M., Stagnaro S., Modificazioni della viscosità ematica totale e della riserva funzionale microcircolatoria in individui a rischio di arteriosclerosi valutate con la percussione ascoltata durante lavoro muscolare isometrico. *Acta Med. Medit.* 6, 131-136, 1990.

29) Stagnaro-Neri M., Stagnaro S. Indagine clinica percusso-ascoltatoria delle unità microvascolotessutali della plica ungueale. *Acta Med. Medit.* 4, 1988.

