

# PSYCHOKINETIC DIAGNOSTICS, QUANTUM-BIOPHYSICAL SEMEIOTICS EVOLUTION.

What does not destroy me, makes me stronger.  
Nietzsche.

*Sergio Stagnaro\**

## **Introduction.**

Since November 2007, I've been illustrating in numerous articles the bases of Quantum Biophysical Semeiotics (1-10). Then some famous websites have been helping me in spreading these developments of such physical semeiotics, representing a new physical tool, which proved to be reliable in bedside diagnosis, therapeutic monitoring and clinical research. For instance, with the aid of quantum biophysical semeiotics, it's possible in a few seconds to bedside recognize every constitution, as well as their related inherited real risks, that predispose positive individuals to the relative disorders (11-13). Starting from May 2009, some *Commentaries* have been posted even in the *International Atherosclerosis Society* website [www.athero.org](http://www.athero.org) (14, 15)

At this point, I cannot understand the real reason why the numerous Quantum-Biophysical-Semeiotic Constitutions, as well as relative inherited real risks, *conditio sine qua non*, e.g., of CVD/CAD, diabetes mellitus and malignancy, both solid and liquid, bedside recognized quickly with a stethoscope from individual's birth, although such knowledge is accepted and spread among physicians by the majority of famous peer-reviews (See Bibliography in my website [www.semeioticabiofisica.it](http://www.semeioticabiofisica.it)), are not illustrated sufficiently, emphasised and finally spread among physicians by National Health Services. In addition, traditional Medicine cannot highlight a lot of biological events, as Lory's experiment (8), because it knows exclusively local realm in biological systems, which brought about the psychokinetic diagnostics, for the first time described in this article.

As a matter of facts, in all tissues - besides local realm exists also NON-LOCAL Realm, as my friend Paolo Manzelli and I have demonstrated earlier in a lot of articles (1-10). Recognizing also a 4 Dimension Space/Time Matrix, wherein there are 2 SD and 2 TD, which provides a simultaneous information, not ruled by the old, out-moded-view of the world, deterministic, classic physics, but by quantum physics evolution (entanglement and disentanglement) we are able to understand why the first phase of hormone action is simultaneous with very beginning of whatever stimulation (for instance, intense digital pressure upon a bone, e.g., radius, is simultaneous to pancreas size increasing as response to endogenous osteocalcin!) (16) The second phase of hormone action mechanism, different in nature, is brought about by the contact of osteocalcin with relative receptors on beta-cell outer membrane of Langherans's islets (10, 21, 22).

In conclusion, mankind needs urgently open-minded physicians, Editors, and Reviewers, who are unavoidable to Medicine Progresses, as I wrote earlier (7, 24-28), corroborated by the easy, quick, bedside diagnosis of pancreas cancer (29-31).

## **No Local Realm beside Local Realm in Biological Systems.**

On the website of Harvard University Press, at <http://www.hup.harvard.edu/catalog/LIBMIN.html>, one may read such as statement:

"Most notably, Libet's experiments reveal a substantial delay--the "mind time" of the title--before any awareness affects how we view our mental activities. If all conscious awarenesses are preceded by unconscious processes, as Libet observes, we are forced to

conclude that unconscious processes initiate our conscious experiences".

I have sent the following critical comment to [Contact\\_HUP@harvard.edu](mailto:Contact_HUP@harvard.edu), without receiving answer, neither for courtesy or good manner!

Dear Sirs, in your wonderful website at the URL <http://www.hup.harvard.edu/catalog/LIBMIN.html>, I've just read "Most notably, Libet's experiments reveal a substantial delay - the "mind time" of the title - before any awareness affects how we view our mental activities. If any conscious awareness is preceded by unconscious processes, as Libet observes, we are forced to conclude that unconscious processes initiate our conscious experiences". Such a sentence is not right, from Quantum Biophysical Semeiotics view-point, [www.semeioticabiofisica.it](http://www.semeioticabiofisica.it)

In fact, first of all, with the aid of this clinical tool, since 30 years I've been demonstrating that it's possible, rapid, and easy to bedside assess in reliable way microcirculatory function and structure of every biological system, including brain (14-23).

Secondly, Benjamin Libet did not know Quantum Biophysical Semeiotics, I have founded in 2007, November! Energy-Information, according to my friend Paolo Manzelli, an outstanding chemist, is simultaneous and not transmitted spending time and wasting energy, as it happens throughout biological systems, identical from embryogenesis view-point, both in the same individual and from subject to subject (not necessarily twin, as in Lory's Experiment), regardless the distance between them (1-13)

As regards the future of Medicine, I am allowed to state that it's already begun, as far as Biology and Physical Semeiotics are concerned. In fact, biological events are more complex, i.e., difficult to understand, than generally admitted today. Fortunately, the presence of no local realm, besides local realm, in Biological Systems (1-21), highlights the patho-physiological mechanisms underlying a lot of above-mentioned events, until now unknown, or erroneously explained, like Benjamin Libet's experiments (8).

Interestingly, the fundamental knowledge, Quantum Biophysical Semeiotics is based on, indicates that in all biological systems, both in human and animal, besides local realm, there is no local realm, wherein space/time matrix is jet quadric-dimensional, but showing 2 S/D and 2 T/D (1-11).

As a consequence, this type of information is "simultaneous" in space and "synchronous" in time, as Lory's Experiment demonstrates (8). In a few words, information appears simultaneously in a human body many kilometres far away from information's origin, starting when the examiner is "thinking" to give somebody the information to do something.

At this point, I cannot understand the real reason why the numerous predispositions to disorders (i.e., Quantum Biophysical-Semeiotic Constitutions) (11-15), like diabetes and malignancy, both solid and liquid, as well as relative inherited real risks, bedside recognized with a stethoscope already at birth in a few seconds' time due to Quantum Biophysical Semeiotics, already accepted and spread among physicians by the majority of famous peer-reviews will be tomorrow suggested by National Health Services. In addition, traditional Medicine cannot highlight a lot of biological events, e.g. Lory's experiment (8), because it knows exclusively the Local Realm in biological systems. On the contrary, in all tissues - besides that - really exists also NON-LOCAL Realm, as my co-worker friend Paolo Manzelli and I have demonstrated recently in 6 articles (1-16). Recognizing also a 4 Dimension Space/Time Matrix, wherein there are 2 SD and 2 TD, which provides a simultaneous Information, not ruled by the old, out-moded deterministic, classic physics, but by quantum physics evolution (entanglement and disentanglement) we are able to understand why the first phase of hormone action is simultaneous with a very beginning of whatever stimulation. For instance, intense digital pressure upon radius or vertebra bone is simultaneous to pancreas size increasing as response to endogenous osteocalcin! The second phase, different in

nature, is brought about by the contact of osteocalcin with relate receptors on beta-cell outer membrane in Langherans's islets (1-14).

As a consequence, regarding Benjamin Libet's theory, illustrate especially in Mind Time: "The Temporal Factor in Consciousness", from the above remarks, in the light of Quantum Biophysical Semeiotics, we must conclude that a new interpretation is unavoidably necessary!

As a matter of fact, in individual of experiment, in the parietal cerebral cortex, related to foot digital movement, even if the examiner is exclusively "thinking" to give a signal for muscle movement, e.g., of right big toe the circulation at base line, the circulation at base line simultaneously shows microcirculatory activation type I, associated.

When examiner says to the subject to be ready moving right big toe contemporaneously to a conventional signal, AL + PL + DL duration increases immediately to 7 sec. (NN = 6 sec.), paralleling "readiness potentials". Finally, soon thereafter signal begin, Plateau Line intensity raises at highest value, i.e., 9 sec. (11-13,17-20) (Fig. 1).

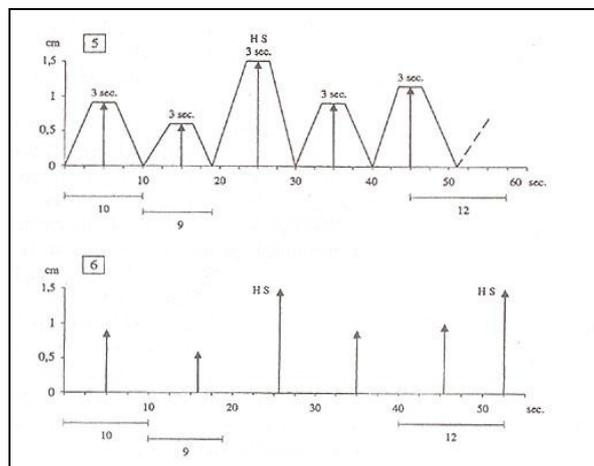


Fig. 1

*In health, mean-intense digital pressure, applied upon parietal cerebral cortex skin projection area, brings about fluctuation of both upper and lowers ureteral reflex: vasomotion and respectively vasomotility. Transferred the parameter values of these fluctuations, even mentally, on cartesian axes system, doctor obtain diagram and tachygram, very rich of information.*

### Psychokinesis and Quantum-Biophysical Semeiotics.

The term psychokinesis (from the [Greek](#) "psyche" and "kinesis", literally "movement from the mind"), also known as telekinesis, is a term referring to the direct influence of mind on a [physical system](#) that cannot be entirely accounted for by the mediation of any known [physical energy](#). Examples of psychokinesis could include distorting or moving an object.

The study of phenomena said to be psychokinetic is notoriously an aspect of [parapsychology](#).

Until now, there was no convincing [scientific](#) evidence that psychokinesis exists. However, in my opinion, based on strict interpretation of clinical experiments, quantum-biophysical in nature, I refer in following, the time has come to change our idea on it.

At the beginning of April, 2009, I started a research considering, as hypothesis 0, to falsify, the possibility that quantum entanglement could link distant patient to examining physician in a strict manner, so that trigger-points modifications in the first (patient) would bring about identical modification in the trigger points of second (doctor) and vice versa, according to the results of my earlier researches, initiated with Lory's Experiment (1-11).

For instance, "intense" digital pressure upon patient's precordium, i.e., heart skin projection area, even far away a lot of kilometres from examining physician, brings about "simultaneously" gastric aspecific reflex also in the later, exclusively when the first is involved by every cardiac disorders, e.g., by CAD (4-6, 15).

As a consequence, I felt myself authorized to consider such as fact, psychokinetic in nature, in the sense that doctor's heart trigger points were "simultaneously" stimulated in the same way as patient's ones, causing heart-gastric reflex also in doctor, but showing parameter values identical to those of distant subject: latency time, duration, intensity, and so on.

As a matter of facts, what happens under such as experimental condition is really complex, but completely enlightened by Quantum Biophysical Semeiotics (See later on). Starting from these theoretical bases – hypothesis 0, to confute – I have done a large number of experiments, in order to study what happens in "my" body, when I stimulate different trigger points by thinking, i.e., done by the mind, on a well defined subject, both healthy or ill, even a lot of kilometres far away from me, at the condition that I know him/her, at least *per image*, ignoring completely his (her) health condition. Obviously, I carried out such experiments also on known ill patients, but without knowing on the precise diagnosis.

Interestingly, I have subsequently applied the "mental" stimulation also on exact point of inner part of well-defined biological system, and it proved to be more precise, obviously. For instance, I suffer from outcome of lower myocardial infarct; exclusively when I stimulate "by thinking" the precise site of left ventricle involved by infarct scar, gastric aspecific reflex shows a pathological latency time of 3 sec. Otherwise, latency time of heart-aspecific gastric reflex results normal, i.e., 8 sec., when I mentally apply digital pressure upon all diverse part of my heart. In fact, all other coronaries, both macro- and micro-coronary vessels, are normal, according to coronarographic examination, and, more precise, to quantum-biophysical-semeiotic results, which are the only to give information about coronary micro-circulatory bed (1-15).

Despite some human errors and late diagnoses, at least in initial stages of disorders, like those of Colleagues working in famous hospital, the interesting diagnoses, subsequently corroborated by means of direct examination, and then laboratory and image diagnostics, were: flu, pleuritis, pneumonitis, Oncological Terrain, breast cancer, arthrosis, a.s.o. In other words, I've examined at distance, utilising the psychokinetic diagnostics, 120 subjects, and I made their clinical diagnoses, corroborated subsequently by laboratory and image diagnostics, as the same individuals can confirm with pleasure.

### **Clinical Evidences demonstrate Psychokinetic Diagnostics Theory.**

Firstly, we have to remember all microcirculatory events at the base of quantum-biophysical-semeiotic preconditioning (6,11-15,24-28).

In health, latency time of a reflex, e.g., heart-gastric aspecific reflex, paralleling tissue oxygenation level, at first evaluation is exact 8 sec., after 5 sec. interruption from the end of the first evaluation, raises to 16 sec., doubling its basal value, due to Microcirculatory Functional Reserve physiological activation, Preconditioning is based on. Moreover, "intense" digital pressure, lasting one second, or more, upon hearth skin projection area (= Precordium), even kilometres away from examining doctor, does not bring about "simultaneously" gastric aspecific reflex, which occurs obviously after 8 sec. precisely, and lasts less than 4 sec., according to Lory's Experiment (1-10).

At this point, if doctor apply really, for the first time, directly, "mean-intense" digital pressure on his (her) own heart skin projection, after precise 5 sec., namely performing heart preconditioning (6,26-28), the second latency time raises physiologically to 16 sec., corroborating former heart distant stimulation, due to psychokinetic event: the psychokinetic diagnostic theory is thus corroborated.

To summarize in a few words, stimulating patient's trigger-points only "by thinking", i.e., "mentally", despite the real distance between doctor and individual to be examined, brings about the possibility of physician's preconditioning of every biological system, demonstrating thus the truth as well as the scientific significance of such diagnostics, made for the first time.

I term this original diagnosing method as **Psychokinetic Diagnostics**, which represents the paramount advancement of quantum-biophysical semeiotics: when physician is "thinking" about a

well-known subject (analogously, to open radio!), i.e., having the subject on own mind, due to quantum *entanglement*, both peoples become part of a cosmic hologram, and can communicate each other, exchanging information (1-10).

Importantly, at this point, if Vibratory Energy (= ATP) is lowering in one or both communicating individuals, any exchange of information immediately stops. In addition, if examining doctor “imagines” the other subject as not lovely, even hateful, communication is not possible, in my opinion, demonstrating that Information Energy is LOVE!

As a consequence, in spite of the distance between them, when doctor is stimulating “by thinking” some trigger points of an individual to be examined, the related visceral reaction, e.g., aspecific gastric reflex, appears also in doctor’s stomach, showing identical value parameters.

Interestingly to understand quantum nature of these events, if either doctor or subject to examine does not breath (= Apnoea test), lowering significantly tissue energy level, subsequently worsening mitochondrial respiratory chain activity, above-illustrated events stop quickly, after only one second, indicating the real nature of these events: reducing body Vibratory Energy (= ATP), according to P. Manzelli, also Information Energy lowers rapidly, so that quantum entanglement interrupt suddenly (= disentanglement), after only one second (1-10).

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