



[http://blogs.nature.com/nm/spoonful/2008/05/the\\_jurys\\_way\\_out.html#comments](http://blogs.nature.com/nm/spoonful/2008/05/the_jurys_way_out.html#comments)

An Italian famous Mina's song sounds: "Parole, Parole, Parole". You surely understand both Italian PAROLE and what I mean. I am an aged researcher in the field of physic semeiotics, who may not hope to receive awards. However I reflect on possible jury's consideration of my Lory's experiment, based on NON Local Realm in biological systems, besides the well known Local Realm. As a consequence of such as discovery, now a days physicians can make a CLINICAL diagnosis, even if a patient is hundreds of KM away, due to entanglement phenomena.

Posted by: [Sergio Stagnaro MD](#) | [May 24, 2008 12:52 PM](#)

<http://network.nature.com/blogs/user/rpg/2008/05/25/on-the-nature-of-networking#comments>

Tuesday, 27 May 2008 - 12:24 GMT

[Sergio Stagnaro](#) said:

Scientific striking advances may certainly occurs at interface, since SCIENCES, but also ART, are not separated, as thought the traditional, insufficient, cartesian, reductive Weltanschauung. Interestingly, has been demonstrated that in biological systems, besides local realm, does really exist also NON-LOCAL realm. As a consequence, since last November, bedside diagnosing ha changed fundamentally. In one second, for instance, the diagnosis of healthy hearth has been made by physician...away 200 KM. from the patient!

[http://www.fcenews.it/index.php?option=com\\_content&task=view&id=1316&Itemid=47](http://www.fcenews.it/index.php?option=com_content&task=view&id=1316&Itemid=47)

Wonderful. But surprisingly, such as wonderful scientific event has been almost overlooked among too much news in this (mis)information WORLD!

## CAEMH

[http://blogs.nature.com/hdy/inherentlyresponsive/2008/05/rapid\\_correspondence\\_molecular\\_clock\\_deb.html#comments](http://blogs.nature.com/hdy/inherentlyresponsive/2008/05/rapid_correspondence_molecular_clock_deb.html#comments)

I am really surprised by the fact that these skill theoretical "Students" of mit-DNA are ignoring that there are also practical "Students" of too long overlooked mit-DNA. I'd like to say - unfortunately in my poor English - that since 4 decades I have demonstrated that functional impairment of mitochondrial respiratory chain is the base, or *conditio sine qua non*, of all common human disorders, including diabetes and cancer, today's epidemics. In fact, both Biophysical-Semeiotic Constitutions and the related Inherited Real Risk, involve individuals with mitochondrial alteration, I described 38 years ago for the first time, as Congenital Acidotic Enzyme-Metabolic Histangiopathy. As referred earlier in Nature blog and papers, knowing such as new concepts of Medicine, recognized bedside in a quantitative way since birth, actual primary prevention of common human diseases is going to become fortunately efficacious because it can be carried out on individuals rationally as well as clinically recognized and enrolled, even since birth.

Posted by: [Sergio Stagnaro](#) | [May 12, 2008 08:25 AM](#)

## Comment

[http://blogs.nature.com/nature/journalclub/2008/05/carl\\_bergstrom.html#comments](http://blogs.nature.com/nature/journalclub/2008/05/carl_bergstrom.html#comments)

From this interesting data on virulence I argue that there is intelligence in all nature, as well as order, ruled, e.g., by mathematical equations, as quadratic equation (Verhulst equation), which let us forecast the number of individuals under certain circumstance. Finally, if my conclusions are right, so that in both humans and all other creatures we observe identical pure, catalytic information, self-(auto)-organisation is based on, we are not authorized to speak of subjectivity and objectivity in human intelligibility of nature!

Posted by: [Sergio Stagnaro MD](#) | [May 20, 2008 05:21 PM](#)

## Comments

[http://blogs.nature.com/nm/spoonful/2008/05/barking\\_at\\_the\\_wrong\\_tree.html#comments](http://blogs.nature.com/nm/spoonful/2008/05/barking_at_the_wrong_tree.html#comments)

Under certain situation, the otherwise necessary filtering authors's papers results of greatest responsibility, as well as difficulty to realize. For instance, if an outstanding,original,author, even renowned around scientific world due to his intellectual honesty, should state in an his articles that in all biological systems there is non local realm, beside the local one,of course,explaining the real reasons related to entanglement and dis-entanglement phenomena, so that the stimulation of a single point of a biological apparatus (e.g., a kidney), "simoultaneously" stimulates all part of the same biological system, including urinary bladder and in men also the prostate, the paper's acceptance will surely be expected as negative. Nothwithstanding, thanks to such as discovery, physicians can bedside recognize as healthy all components of the examined biological systems in only one second. On the other hand, in case of whatever disorder, precise diagnosis could be made at the bedside in a few seconds.

Posted by: [Sergio Stagnaro MD](#) | [May 17, 2008 05:13 AM](#)

## Einstein and God

Comment:

[http://blogs.nature.com/news/thegreatbeyond/2008/05/einstein\\_god\\_is\\_human\\_weakness.html](http://blogs.nature.com/news/thegreatbeyond/2008/05/einstein_god_is_human_weakness.html)

Poor Einstein, a scientist who ignored the non local realm (See Lory's Experiment) since he knew only two energy forms (EM and EV) ignoring EI, the fundamental form which came for the Big-Bang, namely Energy Information. In addition, Einstein, although father of relativism, overlooked it when covered his face with the mask of theologian to repeat inversely the error of those theologians, who with the mask of scientist, stated that the Earth is in the centre, without moving itself.

Posted by: [Sergio Stagnaro MD](#) | [May 15, 2008 09:38 PM](#)

[http://blogs.nature.com/nm/spoonful/2008/05/dont\\_throw\\_in\\_the\\_towel.html#comments](http://blogs.nature.com/nm/spoonful/2008/05/dont_throw_in_the_towel.html#comments)

All around the world is exaggerated physicians concern about the death caused by HIV, surely less large than cancer and CVD deaths. In addition, although scientific research is ruled by drugs industry, that try to influence also outstanding peer reviews, in my opinion, honest research in the field of HIV therapy, including HIV vaccine, has to continue more intense then before, as well as the research in ameliorating Primary Prevention of common human diseases, nowadays possible in rationalized individuals, involved by related biophysical-semeiotic constitutions and inherited real risks.

Posted by: [Sergio Stagnaro MD](#) | [May 13, 2008 04:54 AM](#)

[http://blogs.nature.com/nm/spoonful/2008/05/no\\_such\\_thing\\_as\\_a\\_free\\_lunch.html#comments](http://blogs.nature.com/nm/spoonful/2008/05/no_such_thing_as_a_free_lunch.html#comments)

As a reviewer I cannot agree completely with such as conclusion: "Reviewers get compensation from evaluating manuscripts for high-profile journals, provided that an initial screening of manuscripts takes place and truly identifies the contributions that will be of interest to the reviewers". Really, in some cases, I had reviewed articles wherein one may read general knoweledge, generally accepted, but actually failing of scientific truth. So that I was distressing. For instance, Mediterranean Diet, when associated to physical excercise, lowers breast cancer incidence!

Clearly neither Editors nor Authors know that Oncological Terrain and Oncological Terrain-dependent INHERITED Oncological Real Risk of breast cancer really exist. As a consequence, if women without such as congenital predisposition to breast cancer or not involved by Real Risk of cancer in mamma, do not performe physical excercise and eat what they wont, Authors conclude that OBESETY isn't a risk factor of breast cancer.

Posted by: [Sergio Stagnaro MD](#) | [May 1, 2008 01:16 PM](#)



Sirs,

As regards Christian T Carson, Stefan Aigner & Fred H Gage's article (*Nature Medicine* - **12**, 1237 - 1238 (2006) doi:10.1038/nm1106-1237: Stem cells: the good, bad and barely in control), I'd like to add something overlooked by researchers all around the world. I hope reader can understand precisely what I mean! Really we need nowadays more correct medical information. For instance, a great lot of money on studying staminal cells accounts for the reason some papers are erroneous, in my opinion, of course, in performing staminal cell researches there is a fundamental bias, since scientists overlook both Congenital Acidotic Enzyme-Metabolic Histangiopathy, Biophysical-Semeiotic Constitutions are based on (1-6) (See website <http://www.semeioticabiofisica.it>).

For instance: accordingly, type 2 diabetes is a major problem worldwide, a real epidemic. Independent of different countries, in recent decades diabetes prevalence has increased rapidly over time among both developed and underdeveloped populations. Surely, genetic factors alone cannot explain these patterns. However, as allows me to state my clinical experience, (See URL: [www.semeioticabiofisica.it/constitutions.htm](http://www.semeioticabiofisica.it/constitutions.htm)) an individual, without "diabetic AND dyslipidemic biophysical-semeiotic constitutions", can not be involved by type 2 diabetes, at all (1-6). Certainly, rapid changes in lifestyle and risk factors such as obesity, unhealthy diets, physical inactivity, tobacco smoking, a.s.o., acting on people with "diabetic and dyslipidemic constitution" may cause, AT FIRST, Pre-Metabolic Syndrome, then, over years or decades, metabolic syndrome (2, 6), IGT, and finally type 2 diabetes.

In a few words, all around the world, the war against diabetes mellitus and its well-known and harmful complications, as well as the war against all other serious and common human diseases, including Parkinson, is nowadays possible, also utilizing possibly staminal cells of "whatever" origine, exclusively by means of a primary prevention, which must be achieved at the bed-side, i.e., "clinically", on a very large scale, using the simple stethoscope. In addition, we must in the future utilize staminal cell of individuals not involved by above-cited biophysical semeiotic constitutions! In other words, in both primary prevention and screening programme for whatever disease, including DM and its complications, and cancer, we need efficacious "clinical" tools to obtain the best results, avoiding, e.g., to use staminal cell with impaired mitochondria. Really, early diagnosis must certainly be established in "asymptomatic" patients, who, for example, are evolving slowly towards diabetes mellitus, i.e. long time before disease onset, in order to avoid the well known, severe complications.

In fact, to prevent these diabetic complications, including diabetic retinopathy, it is extremely necessary that doctors use a "clinical" tool reliable in diagnosing early diabetes mellitus stages, from initial stages, i.e., biophysical-semeiotic constitutions, and then the Pre-Metabolic Syndrome (See [www.semeioticabiofisica.it/microangiologia.it](http://www.semeioticabiofisica.it/microangiologia.it), URL: [www.semeioticabiofisica.it/microangiologia/Documenti/Eng/Premetabolic syndrome engl.oc](http://www.semeioticabiofisica.it/microangiologia/Documenti/Eng/Premetabolic%20syndrome%20engl.oc)) (1-6), usefull particularly in selecting appropriate staminal cells to be utilized. As I wrote formerly in PLOS, physicians can fortunately utilize bedside clinical methods reliable in ascertain the truth of articles published in famous peer reviews.

## References

- 1) Stagnaro S., Stagnaro-Neri M. Valutazione percusso-ascoltatoria del Diabete Mellito. Aspetti teorici e pratici. Epat. 32, 131 1986
- 2) Stagnaro Sergio, Stagnaro-Neri Marina. Introduzione alla Semeiotica Biofisica. Il Terreno oncologico". Travel Factory SRL., Roma, 2004 [http://www.travelfactory.it/semeiotica\\_biofisica.htm](http://www.travelfactory.it/semeiotica_biofisica.htm)
- 3) Stagnaro S., Stagnaro-Neri M., Le Costituzioni Semeiotico-Biofisiche. Strumento clinico fondamentale per la prevenzione primaria e la definizione della Single Patient Based Medicine. Ediz. Travel Factory, Roma, 2004. [http://www.travelfactory.it/semeiotica\\_biofisica.htm](http://www.travelfactory.it/semeiotica_biofisica.htm)
- 4) Stagnaro S., Istangiopatia Congenita Acidotica Enzimo-Metabolica. Una Patologia Mitochondriale Ignorata. Gazz Med. It. - Arch. Sci. Med. 144, 423, 1985 (Infotrieve).

- 5) Stagnaro S. Diet and Risk of Type 2 Diabetes. N Engl J Med. 2002 Jan 24;346(4):297-298. [MEDLINE].
- 6) Stagnaro S.-Neri M..Stagnaro S., Sindrome di Reaven, classica e variante, in evoluzione diabetica. Il ruolo della Carnitina nella prevenzione del diabetemellito. Il Cuore. 6, 617, 1993, [MEDLINE].

<http://www.nature.com/news/2008/080130/full/451511a.html?q=2#last-comment>

- I think that the existence all around the world of such as Institute, like National Center for Complementary and Alternative Medicine in Bethesda, Maryland, underlines principally that something isn't perfectly functioning in traditional, technologized Medicine. A part from the therapy, I should like to underscore, e.g., the fact that in developed, as well as developing countries, treatment policy, based on drugs utilization, prevails against Primary Prevention. At this point, I cannot understand the real reason why the numerous predispositions (read Biophysical-Semeiotic Constitutions) to disorders, like diabetes and malignancy, both solid and liquid, as well as relative inherited real risk, recognized with a stethoscope already at birth, although accepted and spread among physicians by the majority of famous peer-reviews (See Bibliography in [www.semeioticabiofisica.it](http://www.semeioticabiofisica.it)) are not illustrated sufficiently and suggested by National Health Services. In addition, traditional Medicine cannot highlight a lot of biological events, as Lory's experiment (Ask Google.com) because it knows exclusively the Local Realm in biological systems. On the contrary, in all tissues - besides that - really exists also NON-LOCAL Realm, my friend co-worker Paolo Manzelli and I have demonstrated recently in 6 articles (ibidem). 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 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 endocalcin! The second phase, different in nature, is brought about by the contact of osteocalcin with related receptors on beta-cell outer membrane in Langerhans's islets (See in above-cited website: 172. Stagnaro Sergio. Bedside Biophysical-Semeiotic Osteocalcin Test in Diagnosing and Monitoring Diabetes. January 28, 2008, <http://www.thelancet.com/journals/lancet/article/PIIS0140673608601014/comments?action=view&totalComments=2> In conclusion, mankind needs open-minded physicians and Editors, unavoidable to Medicine Progresses
  - [Report this comment](#)
  - 01 Feb, 2008
  - Posted by: Sergio Stagnaro

In my opinion, from clinical viewpoint, it seems very bold and not well-grounded such as conclusion, i.e., since there is an enlarged pituitary gland at the base of the skull behind the nasal region, that is evidence that the skeleton is not from a new species (called Homo floresiensis ) but from a H. sapiens with cretinism – a condition in which a person is born with a deficient thyroid gland. First of all, hyperactivity of TSH-RH neuronal centre, stimulating hypophysis to secrete TSH, does not provoke its particularly great enlargement. On the other hand, enlarged pituitary gland may be brought about by a lot of other glandular deficiency. Sergio Stagnaro MD

- [Report this comment](#)
- 07 Mar, 2008
- Posted by: Sergio Stagnaro

<http://network.nature.com/forums/italy/1189>

## **Nature Network Italy: topic**

This is a public forum

[Join this group to post on this forum](#)

### **The screening in Italy is worthy**

**Sergio Stagnaro**

Wednesday, 12 March 2008 22:07 UTC

Knowing what accounts for the reason that spreading developments of physical semeiotics in Italy is really easy, could highlight the “possibility” of comprehend the high level of italian Medicine.. Firstly, are such as advances in the field of physical semeiotics really scientific, important and useful for mankind so that all italian authorities facilitate their spreading? Let’s consider the most common and serious today’s human epidaemics, like diabetes and malignancy! Well! In every Regions are performed regularly efficacious screening on very large scale, in individuals rationally selected on the base of their predispostions (Constitutions), recognized in a quantitative way since birth. As a consequence, we have realized a new, not expensive, useful, war against these disorders. In conclusion, in my opinion, in Italy Primary Prevention play a central role in the war of most common and serious disorders, as diabetes and malignancy.

## Comments

Certainly, these news - published in famous peer-reviews - are intriguing and reasons of accurate considerations on their causes. In fact, there are a lot of events which account for the reason that such as papers let us say that It would seem that every time we look at a drug using higher-magnification lenses we uncover something to discourage us from its use. Among these causes is overlooking Single Patient Based Medicine. In my opinion, these cited articles seem fascinating and important, although authors overlook the existence of Single Patient Based Medicine (SPBM), cited in the web site of EC ([http://www.google.it/search?q=cache:U5A-DtWmRDsJ:europa.eu.int/comm/health/ph\\_information/documents/ev\\_20030710\\_co01\\_en.pdf+single+patient+based+medicine+and+stagnaro&hl=it&ie=UTF-8](http://www.google.it/search?q=cache:U5A-DtWmRDsJ:europa.eu.int/comm/health/ph_information/documents/ev_20030710_co01_en.pdf+single+patient+based+medicine+and+stagnaro&hl=it&ie=UTF-8) Pg 36) as well also in PLOS website (1-6). In a few words, notoriously there are thousands suns above the clouds awaiting us (Indian old proverb). In my view, both EBM and SPBM must be utilized associated to obtain the best diagnostic, and therapeutic monitoring at the bed side. First of all physicians have to recognize since birth individuals Biophysical Semeiotics Constitutions and relative Inherited Real Risk, pre-metabolic syndrome, and all clinical refined syndromes account for the reason SPBM foundation has been a natural event (1-8). Not all individuals are born equal! In every day's practice, doctors must and can nowadays define precisely the biological situations on whatever single patient. In other words, healing physicians must and may firstly answer the question: What kind of patient is this? (1-5). From biophysical-semeiotic view-point, doctor recognizes promptly and clinically all numerous known constitutions, possibly present in an individual, and then the possible congenital "real risks" of most common and severe human diseases: e.g., absent Oncological Terrain (3, 4), ([www.semeioticabiofisica.it](http://www.semeioticabiofisica.it)) it is useless considering malignancy among other diagnoses. In addition, even in presence of oncological terrain, a biological system does not necessarily be involved by "real risk" of cancer: for instance, breasts of woman with oncological terrain can perfectly be normal, as we observe in most cases. In fact, a woman with oncological terrain is not necessarily at real risk of breast cancer. Independently of criticism, more or less constructive, really some times absurd, which derives from crass, a-critical acceptance, due to blinkered doctor's attitude, of a paradigm of EBM (5), teaching this theory has surely benefit by its practical application. In my opinion, however, to reach further and remarkable advantages in clinical decision, therapy, in programming clinical researches, and to avoid useless procedures, due to the ignorance of both biophysical-semeiotics constitutions and syndromes, it is unavoidable utilize usefully "also" SPBM, nowadays an useful reality thanks to Biophysical Semeiotics (5).

## References.

1. Stagnaro-Neri M., Stagnaro S. Sindrome di Reaven, classica e variante, in evoluzione diabetica. Il ruolo della Carnitina nella prevenzione del diabete mellito. *Il Cuore*. 6, 617, 1993 [ MEDLINE]
2. Stagnaro-Neri M, Stagnaro S. Co Q10 in the prevention and treatment of primary osteoporosis. Preliminary data. *Clin Ter*. 1995 Mar;146(3):215-9 [ MEDLINE]
3. Stagnaro S., Stagnaro-Neri M., Le Costituzioni Semeiotico-Biofisiche. Strumento clinico fondamentale per la prevenzione primaria e la definizione della Single Patient Based Medicine. Ediz. Travel Factory, Roma, 2004. [http://www.travelfactory.it/semeiotica\\_biofisica.htm](http://www.travelfactory.it/semeiotica_biofisica.htm)
4. Stagnaro Sergio, Stagnaro-Neri Marina. Introduzione alla Semeiotica Biofisica. Il Terreno oncologico". Travel Factory SRL., Roma, 2004. . [http://www.travelfactory.it/semeiotica\\_biofisica.htm](http://www.travelfactory.it/semeiotica_biofisica.htm)
5. Stagnaro S., Stagnaro-Neri M., Single Patient Based Medicine. La Medicina Basata sul Singolo Paziente: Nuove Indicazioni della Melatonina. Travel Factory SRL., Roma, 2005. [http://www.travelfactory.it/semeiotica\\_biofisica.htm](http://www.travelfactory.it/semeiotica_biofisica.htm)
- 6) Stagnaro Sergio. Single Patient Based Medicine: its paramount role in Future Medicine. Public

Library of Science.2005 <http://medicine.plosjournals.org/perlerv/?request=read-response>

7) Stagnaro Sergio. Newborn-pathological Endoarteriolar Blocking Devices in Diabetic and Dislipidaemic Constitution and Diabetes Primary Prevention. The Lancet. March 06 2007.

<http://www.thelancet.com/journals/lancet/article/PIIS0140673607603316/comments?totalcomments=1>

8) Stagnaro Sergio. Role of Coronary Endoarterial Blocking Devices in Myocardial Preconditioning - c007i. Lecture, V Virtual International Congress of Cardiology.

<http://www.fac.org.ar/qcvc/llave/c007i/stagnaros.php>

Posted by: [Sergio Stagnaro MD](#) | [April 4, 2008 06:03 AM](#)