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Covid-19 free through Quantum Biophysical Semeiotics psychokinetic diagnostics, primary prevention and vaccination

“Order and harmony are among the first perfections which we discern in this visible creation”

J.H. Newman

by Sergio Stagnaro, Marco Marchionni and Simone Caramel

Introduction

“We know, my brethren, that in the natural world nothing is superfluous, nothing incomplete, nothing independent; but part answers to part, and all details combine to form one mighty whole. and the more we examine into it, the more widely and minutely they are found to belong to it. "All things are double," says the Wise Man, "one against another; and He hath made nothing defective." It is the very character and definition of "the heavens and the earth," as contrasted with the void or chaos which preceded them, that everything is now subjected to fixed laws; and every motion, and influence, and effect can be accounted for, and, were our knowledge sufficient, could be anticipated. Moreover, it is plain, on the other hand, that it is only in proportion to our observation and our research that this truth becomes apparent; for though a number of things even at first sight are seen to proceed according to an established and beautiful order, yet in other instances the law to which they are conformed is with difficulty discovered; and the words "chance," and "hazard," and "fortune," have come into use as expressions of our ignorance. Accordingly, you may fancy rash and irreligious minds who are engaged day after day in the business of the world, suddenly looking out into the heavens or upon the earth, and criticising the great Architect, arguing that there are creatures in existence which are rude or defective in their constitution, and asking questions which would but evidence their want of scientific education.

The case is the same as regards the supernatural world. The great truths of Revelation are all connected together and form a whole. Every one can see this in a measure even at a glance, but to understand the full consistency and harmony of Catholic teaching requires study and meditation. Hence, as philosophers of this world bury themselves in museums and laboratories, descend into mines, or wander among woods or on the seashore, so the inquirer into heavenly truths dwells in the cell and the oratory, pouring forth his heart in prayer, collecting his thoughts in meditation, dwelling on the idea of Jesus, or of Mary, or of grace, or of eternity, and pondering the words of holy men who have gone before him, till before his mental sight arises the hidden wisdom of the perfect, "which God predestined before the world unto our glory," and which He "reveals unto them by His Spirit". And, as ignorant men may dispute the beauty and harmony of the visible creation, so men, who for six days in the week are absorbed in worldly toil, who live for wealth, or name, or self-indulgence, or profane knowledge, and do but give their leisure moments to the thought of religion, never raising their souls to God, never asking for His enlightening grace, never chastening their hearts and bodies, never steadily contemplating the objects of faith, but judging hastily and peremptorily according to their private views or the humour of the hour; such men, I say, in like manner, may easily, or will for certain, be surprised and shocked at portions of revealed truth, as if strange, or harsh, or extreme, or inconsistent, and will in whole or in part reject it” [1].

In the light of the enlightening words of John Henry Newman, the reader must not look for a single Quantum Biophysical Semeiotics (QBS) [2] clinical specific sign for the diagnosis of covid-19, this cannot be, but the physical examination is composed of a psychokinetic diagnostic procedure [3, 4], of a set of converging signs that make us lean towards this diagnosis, because in nature and in the human body “part answers to part, and all details combine to form one mighty

whole” and especially “order and harmony are among the first perfections which we discern in this visible creation”.

When this order and harmony are broken, based on the typical symptoms in the case of covid-19, the complex of signs identified by the QMS points towards this particular diagnosis.

1. Quantum Biophysical Semeiotics examination and psychokinetic diagnostic procedure for the early clinical diagnosis of covid-19 infection, both symptomatic and asymptomatic

"Everyone knows that something is impossible to achieve, until a fool who does not know it arrives and invents it". (A. Einstein)

The diagnostic process proceeds rationally, first of all ascertaining whether the person being examined is healthy or suffering from a pathology to be diagnosed:

1) QBS clinical evaluation of the Brain Sensors (see Chapter 1.1): check if it is activated or deactivated;

2) if the Brain Sensors are activated, proceed with the Terziani Maneuver (see chapter 1.2) to verify the presence of any specific or non-specific Inherited (Congenital) Real Risks (IRR) of pathology, their neoplastic nature or not and the degree of evolution of the IRR;

3) differential diagnosis (see Chapter 1.3) between bacterial or viral infectious disease. Micro Vascular Tissue Unit (MVTU) diagram of the fingertip, SISRI, antibody synthesis syndrome, PCR on the liver;

4) QBS clinical evaluation of the extent of inflammation (see chapter 1.4) in the respiratory tract (lung gastric-aspecific reflex, Spattini's sign, QBS echocardiogram);

5) QBS clinical evaluation of the Thymus Structure / Function (see Chapter 1.5);

6) QBS clinical evaluation of Ig-G and Ig-M antibodies (see Chapter 1.6);

7) QBS clinical evaluation of Oxygen Recovery Time (see Chapter 1.7).

1.1 Quantum Biophysical Semeiotics clinical evaluation of the Brain Sensor (activated or deactivated)

Starting from the first contact with covid-19, the activation of the Brain Sensors [5] appears in the subject, an expression of the presence of a pathological situation, dangerous for the human body. Simultaneously we observe QBS Microcirculatory Activation in the limbic system, hippocampus, corpus callosum, pre-frontal brain areas, supra-optic nucleus.

The physical examination begins by ascertaining whether the Brain Sensor is activated. The QBS physical examination for the diagnosis of Covid-19 is true both for symptomatic and asymptomatic subjects. The asymptomatic subjects already have altered values, they certainly have the Brain Sensor activated.

In the case of an activated Brain Sensor, the physician must check if the examined subject is also at Inhered Real Risk (IRR) of any diabetic [6, 7], cardiovascular [8, 9], oncological [10], neurodegenerative [11], etcetera, disease, and at what stage of evolution they are (see chapter 1.2). It should be borne in mind that asymptomatic patients have altered values, albeit slightly, not very intense, compared to all the other signs indicated in the subsequent such as QBS diagram of the fingertip, PCR, lung Gastric Aspecific Reflex, QBS echocardiogram procedures (see chapters 1.3 and 1.4).

The activation of the Brain Sensor can be evaluated by means of the Gandolfo sign [4], but it implies knowledge of clinical microangiology and ureteral reflexes, which are not easy for a physician not experienced in QBS. Nevertheless, it is possible to evaluate the activation of the Brain Sensor through the Gastric Aspecific Reflexes, that is, by Auscultatory Percussion of the Stomach [12] and pressure stimulation on the cerebral corpus callosum [13].

In practice, the medical doctor presses with a pressure stimulus of 700-750 dyne / cm², on any point of the corpus callosum (Figure 1) and gastric reflexes are evaluated. The physiological values are latency time 8 seconds, duration between 3 and 4 seconds (Brain Sensor disactivated).

If the duration is greater than or equal to 4 seconds, then the Brain Sensor is activated. In the case of positive COVID-19 the duration is initially 6 seconds (Table 1).

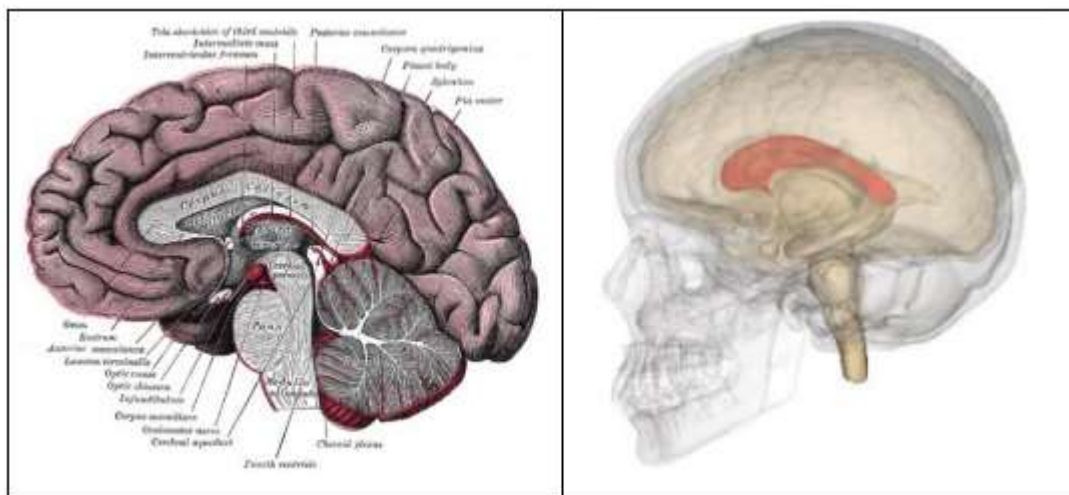


Figure 1. The corpus callosum is the dense band of nerve fibers located below the cerebral cortex, in the center of the two hemispheres of the brain. The pressure stimulus on the corpus callosum to evaluate the Brain Sensor evoking aspecific gastric reflexes must be 700-750 dyne / cm².

| Latency time (Lt) of GAR | Duration (D) of GAR | Brain Sensor |
|---------------------------------|----------------------------|---------------------|
| Lt = 8 s | 3 s ≤ D < 4 s | DISACTIVATED |
| Lt ≤ 8 s | D ≥ 4 s | ACTIVATED |

Table 1. Parameters of the Gastric Aspecific Reflex (GAR) referred to stimulation of the cerebral corpus callosum for the evaluation of the activation or not of the Brain Sensor. Lt = latency time; D = duration; GAR = Gastric Aspecific Reflex; s = seconds.

1.2 Terziani Maneuver

The second procedure, in the presence of activated Brain Sensors, is the evaluation of the Terziani Maneuver [18] which informs us about the presence or absence of Inherited Real Risks, their neoplastic or non-specific nature and their stage of pre-clinical evolution [6-11].

Obviously, the person affected by covid-19 could be also affected by IRR from birth. In healthy subjects, following an intense digital pressure stimulus on a fingertip, the Gastric Aspecific Reflex does not appear after 3 seconds, but only after 10 seconds. On the contrary, in individuals with Oncological Inherited Real Risk the reflex appears after exactly 3 seconds, showing an intensity of 0.5 cm of dilation. This intensity is higher in the case of oncological pathology and is directly related to the severity of the underlying pathology and its clinical phases. (Figure 2).



Figure 2. Terziani Manoeuvre

1.3 Differential diagnosis between bacterial or viral infectious disease. Tissue Micro Vascular Unit Diagram of fingertip, Antibody Synthesis Syndrome (SISRI), PCR on liver

The third procedure is aimed at the differential diagnosis between viral or bacterial infectious disease [14]. Reliable in this clinical differential diagnosis is the Micro-Vascular-Tissue Unit (TMVU) Diagram of the fingertip [2, 15, 19]. The fourth reflex of the diagram (Figure 3) is intense in the viral forms (about 2 cm) but it is very high (4 cm). In the viral Flu, allowing the differential diagnosis. This evaluation is followed by the research of the Hyperfunction Syndrome of the Reticle Histiocytic System (SISRI) [2, 16], of the Antibody Synthesis Syndrome (ASS) [2], of the PCR values by means of the Spattini's Sign searched on the liver [17].

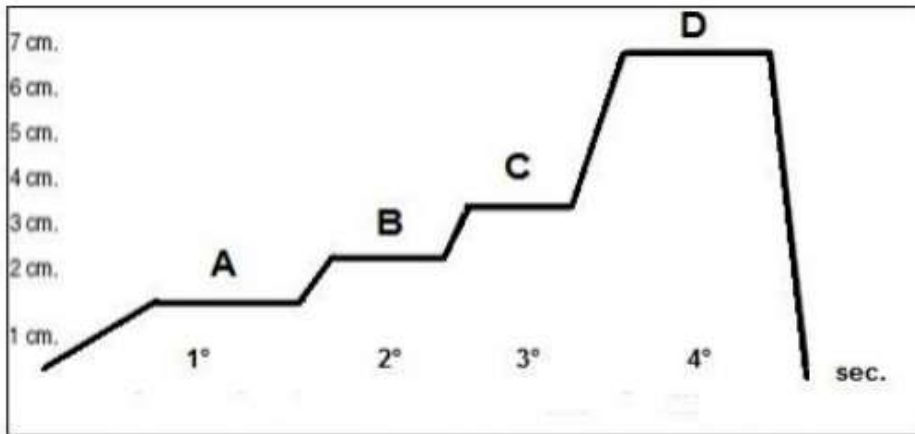


Figure 1: Flu diagram (note a very intense D phase)

Figura 3. Fingertip MVTU Diagram

1.4 QBS clinical evaluation of the extent of inflammation in the respiratory tract. Lung Gastric Aspecific Reflex, Spattini's sign, QBS echocardiogram.

The fourth procedure is the evaluation of the extent of inflammation in the respiratory tract. In covid-19, the inflammation reaches the lung early: the lung Gastric Aspecific Reflex following a digital pressure of medium intensity (750 dyne / sqcm) above the pulmonary trigger-points appears after a Latency Time (Lt) of 8 seconds and lasts between 3 and 4 seconds. In the patient with broncho-pulmonary inflammatory disease, the Lt is lowered and the duration of the reflex is lengthened in indirect and direct relationship respectively with the severity of the local pathology (Table 2).

| Latency time (Lt) of GAR | Duration (D) of GAR | QBS Diagnosis |
|---------------------------------|----------------------------|----------------------------|
| Lt = 8 s | 3 s ≤ D < 4 s | Health |
| Lt ≤ 8 s | D ≥ 4 s | Inherited Real Risk |
| Lt < 8 s | D > 4 s | Pathology |

Table 2. Parameters of the lung Gastric Aspecific Reflex (GAR) referred to a stimulation (750 dyne/sqcm) of the skin projection area of the lung for its evaluation. Lt = latency time; D = duration; GAR = lung Gastric Aspecific Reflex; s = seconds.

In covid-19 the Spattini's Sign (that is the Gastric Aspecific inflammatory Reflex, with moderate to medium nail pressure, i.e., 500-700 dynes / sqcm, applied over the triggers points of reference) shows pathological parametric values.

In the healthy, Spattini's sign [17], used for the evaluation of alveolar cells, shows a Latency Time (Lt) of 10 seconds and a duration of the Gastric Aspecific Reflex between 3 and 4 seconds. On the contrary, in the presence of pulmonary alveolitis, Spattini's Sign is characterized by the reduction of Lt and the lengthening of the duration of the reflex. The intensity of the alterations of the parametric values is in relation to the severity of the underlying disease.

Furthermore, in the healthy, the Spattini's Sign applied to the pulmonary interstitium shows physiological parametric values: Lt is 10 seconds and the duration of the Gastric Aspecific Reflex is between 3 and 4 seconds. On the contrary, in interstitial suffering, the parametric values of Spattini's Sign are altered in relation to the severity of the present pathology (Table 3).

| Latency time (Lt) of GAR | Duration (D) of GAR | QBS Diagnosis |
|----------------------------------|----------------------------|-------------------------------|
| Lt = 10 s | $3 s \leq D < 4 s$ | Health |
| Lt \leq 10 s | $D \geq 4 s$ | positive Spattini sign |
| Lt < 10 s | $D > 4 s$ | positive Spattini sign |

Table 3. Spattini's sign

In the patient with an interstitium altered, for example, by inflammatory processes, the Sign of Spattini shows altered parametric values, all the more altered in relation to the severity of the underlying disease. The perfectly identical values of the evaluation of the alveolar cells and of the relative interstitium underline the internal and external coherence of QBS theories.

If we look at the pulmonary microcirculatory evaluation it is refined and precise [2, 20, 21]. In the healthy it is characterized by the fast chaotic-deterministic fluctuations (1 seconds) of the peripheral heart, according to Claudio Allegra. The duration of diastole is 6 seconds. On the contrary, in the case of interstitial bronchopulmonary pathology, the dilation of the walls of the small arteries and arterioles, according to Hammersen, occurs slowly, in 3 seconds about, and shows Microcirculatory Activation type III, dissociated and decompensated [20, 21, 22].

The result is an increase in pressure in the efferent side of the local pulmonary microcirculation, that is, in the nutritional capillaries, the cause of functional and then structural disendothelialization, accompanied by local histangic acidosis, revealed by Spattini's sign.

At this point the QBS echocardiogram [23-25] shows a pathological lengthening of the passage time of blood through the lungs. from physiological 5 seconds (Figure 4) rises to 8 seconds on average.

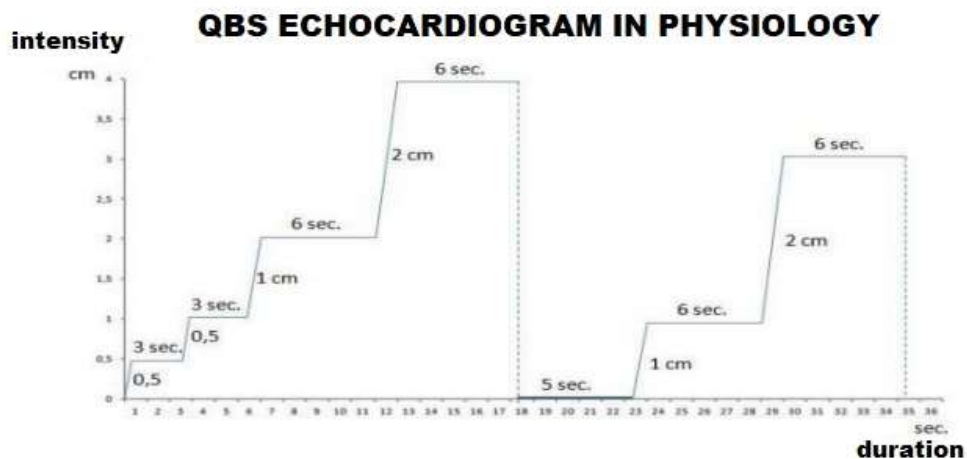


Figure 4. Physiological QBS Echocardiogram

The quantification of inflammation, with subsequent acidosis in biological systems, is important from a diagnostic and diagnostic-differential point of view (influenza virosis or covid-19 disease). During the joint influence the values of Spattini's Sign [17], evaluated in the striated muscle (for example, the quadriceps muscle) shows a Latency Time of 8-9 seconds (in healthy subjects Lt is 10 seconds), with lengthening of the Gastric Aspecific Reflex (GAR) duration to 7-8 seconds (in healthy subjects GAR duration is between 3 and 4 seconds).

We do not report the evaluation of covid-19 contagion using Clinical Microangiology given its difficulty of application and domain: this is the prerogative of only a very few doctors [20-22].

1.5 Quantum Biophysical Semeiotics clinical evaluation of the Thymus Structure / Function

"Why in the same environmental conditions are some individuals infected with the covid-19 and others not?".

The answer to this question leads directly to the way of being and functioning of the thymus, an important site of T lymphocytes and of the maturation of B lymphocytes. The thymus notoriously plays an important role in the body's defenses, also through the stimulation of antibody synthesis.

The thymus runs perfectly, like any other tissue, even after puberty, provided that its mitochondria perform their many functions perfectly.

Thyme is evaluated as follows. The trigger point of the thymus Gastric Aspecific Reflex (GAR) is located immediately below and to the side, on the right and on the left, of the Sternal Handlebar. The intensity of the stimulus is 700 -750 dyne/sqcm.

The Latency time (Lt) of a physiological Thymus GAR is 8 seconds and its healthy duration is between 3 and 4 seconds (Table 4).

| Latency time (Lt) of GAR | Duration (D) of GAR | QBS Diagnosis |
|---------------------------------|----------------------------|------------------------------|
| Lt = 8 s | $3 s \leq D < 4 s$ | Health |
| Lt \leq 8 s | $D \geq 4 s$ | Imperfect Thymus |
| Lt < 8 s | $D > 4 s$ | Malfunctioning Thymus |

Table 4. thymus Gastric Aspecific Reflex

On the contrary, malfunctioning thymus, a sign of imperfect immune defenses, is characterized by the reduction of Lt (Lt < 8 seconds) and the lengthening of the duration of the reflex (D > 4 seconds). The intensity of the alterations of the parametric values is in relation to the severity of the underlying malfunctioning. Pathologically, in relation to gravity, the duration of the thymus GAR lasts 6 or more seconds.

1.6 Quantum Biophysical Semeiotics clinical evaluation of IgG and IgM antibodies

The liver microcirculatory evaluation is helpful for the Quantum Biophysical Semeiotics clinical evaluation of IgG and IgM antibodies. The microcirculatory fluctuations of the peripheral heart of the liver, according to Claudio Allegra are significative as follows [20-22].

About Ig-M, the duration of diastole of the liver's peripheral heart is 10 seconds or more in the acute phase of the covid-19 infection.

About Ig-G, the duration of diastole of the liver's peripheral heart is 8-9 seconds in the chronic phase of the covid-19 infection.

1.7 Quantum Biophysical Semeiotics clinical evaluation by means of Oxygen Recovery Time

The Quantum Biophysical Semeiotics clinical evaluation of covid-19 by means of Oxygen Recovery Time (ORT) is as follows.

In the healthy [2], the intense pressure (1.000 dynes / sqcm), applied on a fingertip, causes the Gastric Aspecific Reflex after 10 seconds ($Lt = 10$ seconds). At this point in time, quickly stopped the pressure stimuli, the reflex disappears after about 1 seconds (duration of ORT is 1 seconds).

On the contrary, in the patient affected by covid-19, in the identical experimental conditions reported above, the Latency Time is less than 10 seconds. and the duration of the ORT is 2 or more seconds, in relation to the severity of the underlying disease.

| Latency time (Lt) of GAR | Duration (D) of GAR | QBS Diagnosis |
|---------------------------------|----------------------------|----------------------|
| Lt = 10 s | D = 1 s | Health |
| Lt ≤ 10 s | D ≥ 2 s | Covid-19 |

Table 5. Oxygen Recovery Time Gastric Aspecific Reflex

Note

In particular, the procedures indicated in the first 5 points (Chapters 1.1 – 1.5), in addition to allowing the differential analysis between infected and non-infected covid-19 subjects, and between symptomatic and asymptomatic infected subjects, allow an in-depth, personalized and specific diagnosis of each individual subject, in such a way to promptly discern potentially serious covid-19 cases (with consequent treatments and protocols to be undertaken) in a few seconds (even in the emergency room) on the basis of the underlying pathologies or predispositions to them, as well as on the basis of the particular situation of personal immune defenses (thanks to evaluation of the thymus), so that the QBS diagnostic approach far exceeds the importance, efficacy and specificity of current diagnostic swabs and serological tests.

2. Covid-19 Quantum Biophysical Semeiotics primary prevention and vaccination

2.1 Vaccination against covid-19 according to Quantum Biophysical Semeiotics

The purpose of **SARS-CoV-2** QBS vaccination is to protect the vaccinated against a defined disease, in our case caused by Covid-19, by stimulating the synthesis of Ig-G in the vaccinated, as occurs in the patient who has passed the infection.

Vaccination against Coronavirus, according to Quantum Biophysics Semeiotics, is made possible by using millimeter waves in BRR mode [26].

The following describes the clinical method to carry out vaccination against the covid-19 infectious disease.

With the Russian Ak-Tom device (ex Cem-Tech), using programme 2 (BRR-Mode), lasting one minute (60 seconds), the physician takes the electromagnetic radiation (information) emitted by the liver (LALT, see Appendix n. 2), including the local B lymphocytes, entangled with all the others in the different locations, of a known subject, recovered from covid-19 or from the full-blown disease, after having appropriately positioned the two yellow diodes: one above the skin projection of the left lobe and the other above the skin projection of the right lobe of the liver (Figure 5).

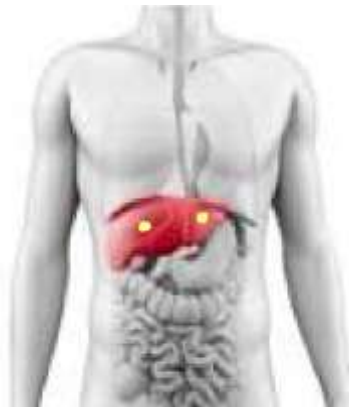


Figure 5

So far, the Medical Doctor collects in two yellow Gunn diodes the information necessary to carry out this quantum vaccination. After 60 seconds, necessary for capturing the desired information derived from the oscillations of the Ig-G against the covid-19, the physician loads an “AK-Tom card” by simply connecting appropriate wires and using the Ak-Tom device, in order to vaccinate individuals who are not yet immune. So the QBS vaccination is possible in several alternative ways:

- 1) by placing 2 yellow Gunn diodes, which contain the information captured by a cured covid-19 subject, on the liver of a subject not yet immune;
- 2) making available to a subject who is not yet immune, an “Ak-Tom card” loaded with the information captured by a subject recovered from covid-19;

3) using larger “Ak-Tom cards” to immunize, according to the procedures just described, a greater number of subjects at the same time (e.g., in the waiting rooms of hotels, airports, doctors' offices, fairs, railway stations, etc.) as in the pilot experiment mentioned below.

The senior author proceeded to load the frequencies of the various components of the liver of a person who overcame the infection from covid-19 in a larger AK-Tom card (A4 format, named Big-Mother Assirya Card), for the benefits of 30 healthy people, so recruited: Man 14, Female 16, aged between 10 and 80 years. The QBS evaluation of the vaccination benefits are as follows.

The increase in the synthesis of Ig-G was significant in all the tested subjects. In details, we remember that, basically, in physiology, the evaluation of the Hepato Gastric Aspecific Reflex (GAR) between meals provides these informative parameters: the Latency time of GAR is eight seconds ($Lt = 8s$), the Duration of GAR is between three and four seconds ($3s < D < 4s$).

Immediately after irradiation of the vaccinating information, obtained as described above, to the recruited subjects not yet immune and vaccinated, the Latency time of their hepato GAR doubled, rising to 16 seconds, while their hepato GAR duration increases to 4-5 seconds.

The Spattini Sign (see Chapter 1.4), sought after in the pharynx and skeletal muscle, was basically absent in the recruited subjects before, but present after vaccination: Lt was 7-8 seconds and Duration was 4-7 seconds.

The data of Clinical Microangiology in the recruited subjects are extremely interesting (14). Basically and between meals, fluctuations in the peripheral hepatic heart showed an intensity of no more than 1.5 cm and duration of the diastole of 7 seconds. After vaccination, the intensity exceeded 2 cm and the duration rose to 8 seconds, as in subjects who have overcome the infection with covid-19.

Obviously the serological tests, performed before and after the vaccination, corroborate the results of the senior author research.

The use of Big-Mother Assirya Card, suitably loaded as indicated above, has favorable social implications. Placing a couple of these cards at the entrance of a factory, offices, schools, places where people gather (for example, Churches) would effectively contribute to the fight against covid-19 by requiring a limited expense.

Through the Ak-Tom we are able to capture the information of the B lymphocytes, present in the liver, of an already covid-19 immunized person. These B lymphocytes, being already mature, contain the information (etymologically, information is that which gives shape) suitable to train, to teach the immune system what to do, how to react if the virus arrives.

We therefore capture this information from an already immune subject, and transfer it to a subject not yet immune (or to a subject not infected) always positioning the diodes above the skin projection of the liver, (left lobe and right lobe) in such a way that this information goes to train, to train his/her B lymphocytes not yet trained on what to do if the virus arrives.

So the quantum vaccine does not cause the antibody synthesis reaction as any other vaccine would do (with related side effects), but simply it does a training, it teaches what to do to the B lymphocytes and everything that follows: production of Ig-G and Ig-M antibodies, etcetera, and all this therefore always working only and solely on information (no drug, no particular substance introduced into the body) and therefore without any side effect.

Those who are subjected to the QBS vaccine may simply initially feel mild symptoms similar to those of covid-19 (for example, dyspnoea, altered taste of food), testifying that the vaccine is implementing and working, mild symptoms that obviously in short time disappear, testifying that the immunization has been successfully implemented.

The mechanisms of traditional vaccination, consisting in creation of maximum specific cellular and humoral immunity against viruses and bacteria, are well investigated since times of L.Pasteur. In simplified form it could be presented as struggle of specific antibodies and cells of organism immune against alien antigenes. This method has a number of serious lacks, the main of which relates to poorly predicted immunity changes with possible allergization, long period of immunity formation, impossibility for steady immunity formation at fast mutation of viruses and bacteria.

Regarding the forthcoming approved vaccines against covid-19 there are many unanswered questions. For example: how long will the protection they guarantee us last? We don't know. It may be necessary to re-ritalibrace it every year, as for the flu vaccine. Because it's likely that this virus won't be nipped as it did for SarS-CoV in 2002, and so we're going to be dealing with it, probably for a long time to come and several more seasons, like the flu waves.

Another question: how will the forthcoming approved vaccines behave in the face of significant mutations of the virus such as the spike D614G variant? We don't know. Is the significant rate of mutation of covid-19 greater or lower than the time frame for developing and making available the related anti-virus?

The SarS-CoV-2 QBS vaccination using Ak-Tom technology does not care too much about these issues, because it is able to be updated in real time in relation to any mutation of the virus, as fast as you want, and it can be administered several times, with every update you want, without side effects, so this solves both the problem of fast mutations of the virus and duration of its immunizing effect.

Note! The authors declares that there is no conflict of interest. This clinical research was conducted - as always - for the sake of medicine without any personal economic benefit. Ak-Tom (Cem-Tech) producers & sellers ignore this article before it is published.

2.2 Covid-19 Pre-Primary and Primary Prevention with Restructuring Mitochondrial Quantum Therapy

We underline an essential aspect in the fight against the covid-19 pandemic: the **Restructuring Mitochondrial Quantum Therapy (RMQT)** (13) acts effectively on the structure / function of the thymus and therefore allows us to defend ourselves in the best way against covid-19. Among those affected by covid-19, die those with impaired thymus, while those who have a well-functioning thymus, perhaps thanks to RMQT (13), react successfully. One of the most effective tools of RMQT is the use of millimeter waves (14) through Ak-Tom (ex Cem-Tech).

In particular to improve the immune system and its activation the following is suggested. Using program 2 (mode BRR), yellow diode, in the evening before sleeping, the crystal is placed on the retrosternal area just below the jugule, corresponding to the thymus. The crystal is fixed with a non-medicated plaster. Program 2 is run for 60 seconds, after which the crystal is detached from the USB cable, leaving it in place overnight (for at least 8 hours). The treatment is repeated for 8 nights.

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Appendix 1. How to declare the survivor of the covid-10 infection cured.

by Sergio Stagnaro

The covid-19 infected is declared healthy on the basis of one or two normal swabs, according to the present Medicine servant of the economy, destined to defeat.

According to Quantum Biophysical Semeiotics, one is authorized to certify the cure of one who has overcome the covid-19, if the following clinical data are established:

- A) Brain Sensors disabled [5];
- B) Physiological values of Bartolo's sign in the MVTU diagram of the digital fingertip [14, 15, 16, 19];
- C) physiological SISRI [16];
- D) Duration of 5 seconds of the passage of blood in the pulmonary vessels [23];
- E) Spattini's sign applied to pharynx, lung, skeletal muscle with a Latency Time (Lt) of 8 seconds instead of physiological Lt = 10 seconds [17];

F) Increased synthesis of Ig-G; it means, from QBS points of view, duration of 8 seconds peripheral heart diastole in the liver, according to Claudio Allegra, and absence of Ig-M production (see Chapter 1.6);

G) Alice's maneuver Negative if applied to Lung, Liver, Skeletal Muscle (available at: http://www.sisbq.org/uploads/5/6/8/7/5687930/rrcima_t2dmstagnaro2017.pdf).

We are not referring to other more complex data which today only very few physicians can understand.

Appendix 2: Liver Associated Lymphatic Tissue (LALT). Central Role in Preparing the QBS covid-19 vaccine.

By Sergio Stagnaro

In a dated comment, accepted and posted on Science website, I wrote:

<https://science.sciencemag.org/content/re-2004-i-have-described-calt-cerebrum-associatedlymphatic-tissue>

RE: In 2004 I have described the CALT, Cerebrum Associated Lymphatic Tissue At the begin of 2000 I have observed clinically antibody synthesis also in the brain and have termed this unknown phenomenon as CALT, namely, Crebrum Associated Lymphatic Tissue (StagnaroNeri M., Stagnaro S. Introduzione alla Semeiotica Biofisica. Il Terreno Oncologico. Travel Factory, Roma, 2004). As a matter of facts, in every inflammatory or rheumatic disorder, in cancer, even in the course of Flu, the lightweight digital pressure applied upon every projection area of the brain, after a Latency time less than physiological 8 seconds, brings about the Gastric Aspecific Reflex: in the stomach both fundus and body dilate, as it happens in relation to BALT, MALT a.s.o., under the identical condition. Such a parameter value is correlated with the seriousness of underlying disorder. Electronic Publication Date: Tuesday, August 23, 2016 - 23:44.

The present work describes for the first time the Liver Associated Lymphatic Tissue, LALT, which I recently discovered, which plays a central role in the preparation of the coronavirus vaccine, announced in numerous comments posted online by authoritative sites:

https://www.nejm.org/doi/full/10.1056/NEJMc2007575?query=featured_coronavirus&fbclid=IwAR175yqL1buybwKHKrCFj2QtoPkrWVp7509mpliFb5bPoolS0HSAo6jao&page=3#article_comments

<https://www.acpjournals.org/doi/10.7326/M20-1239>

<https://journals.plos.org/plosmedicine/article/comment?id=10.1371/annotation/607f405d5ad148e08240-ab09c528e0fc>

<https://science.sciencemag.org/content/368/6494/924/tab-e-letters>

<https://www.medscape.com/viewarticle/934114>

I conjectured that, as there are lymphatic tissues associated with the intestinal mucosa, brain, bronchi, etc., there should also be a lymphatic tissue associated with the liver, in consideration of the characteristic hepatic functional changes, in particular micro-circulatory, observed by the author

in all the morbid processes that activate the immune system, including celiac disease [2, 20, 21, 22]. Interestingly, in the acute phase of an infection, intense fluctuations of small hepatic arteries and arterioles are observed in Hammersen's terminology - duration of diastole 10-12 seconds (away from the meal, it lasts normally for 7 seconds) - which decrease to 8-9 seconds after healing. The correlation of these different microcirculatory dynamics with the synthesis of Ig-M and respectively of Ig-G appears now clear.

In addition, the author recently conjectured that even in the liver there should be limited areas in some segments but not in all, in which the lymphatic tissue it is well represented, to produce antibodies as needed.

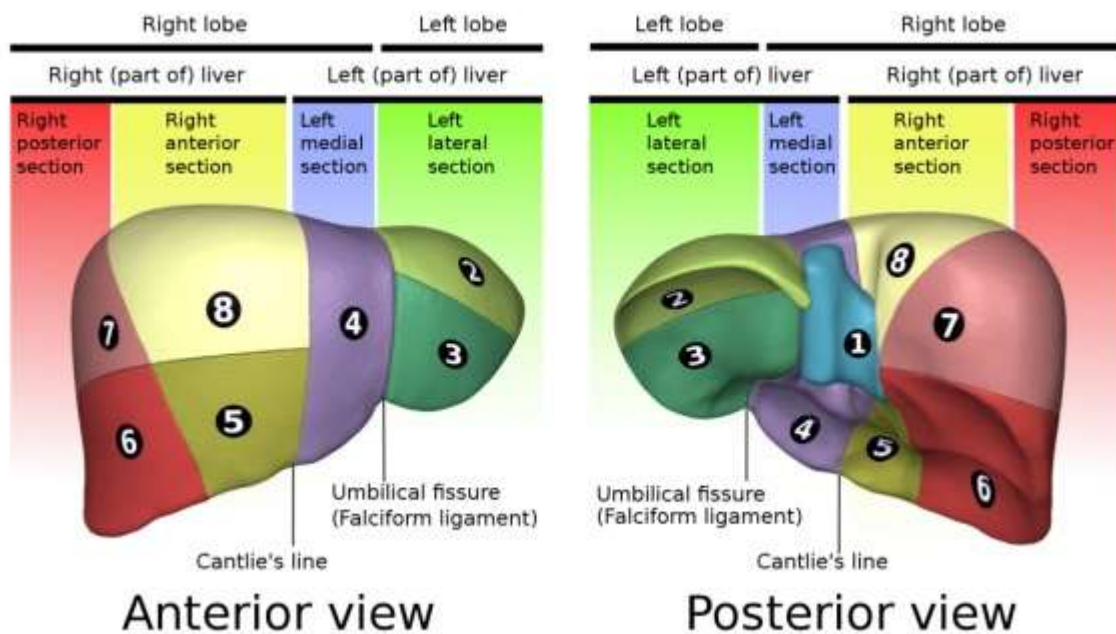


Figure 1

In the Couinaud, or French, system, the two hepatic lobes are further divided into eight sub-segments. To locate possible liver-associated lymphatic tissue, the author used the melatonin acute peak secretion test [2]. The acute secretion of melatonin causes a significant increase in the activity of the lymphatic tissues associated with the various biological systems, causing Type I Microcirculatory Activation [23]. With this research method the author observed the presence of lymphatic tissue exclusively in hepatic segments 4 (upper and lower region), 5, and 8.

In the other segments, melatonin stimulation did not cause the doubling of the diastole of the peripheral heart, according to Claudio Allegra [20-23]. The author defined these antibody-poetic structures with the term of Liver Associated Lymphoid Tissue, English acronym LALT.

The quantum vaccine against the covid-19 (Chapter 2) finds an explanation of its *raison d'être*, especially in the existence of LALT, described for the first time in this article [1-31].