

The psychosomatics of cancer

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[**Abstract**] This article is an adaptation of the conference held by Academician Professor Antonio Meneghetti on November 14, 2009 at the International Art and Humanistic Culture Center "Recanto Maestro" (Brazil) before an audience of 300 physicians. The conference was organized by medical centers from different parts of Brazil. The Author, after decades of experience in clinical psychology and scientific research, provides a description of psychosomatics. Cancer can be treated by applying the ontopsihological method which, thanks to the three discoveries of Ontopsychology, can reach the primary formal cause of any neoplastic formation.

The terms tumor, cancer, cancerogenous, neoplasia, neoplasm, metastasis, sarcoma define special processes or physiognomies that the tumor may take on. However, in essence tumor always originates from a monoclonal cell which experiences the interference of a mutagenic agent that alters directly the cell DNA. This can be observed after the cell is in pathogenous activity. The cause of the mutagenic process lies entirely in the patient's unconscious psyche. Antonio Meneghetti has discovered exactly the start and the formalization of this cause which eventually precipitates in psychosomatics. The identification of the cause in a clear and distinct manner and the patient's conscious decision make it possible to have the cancerous symptom disappear. Thus, the real problem is to identify the "first mover" that brings to life the mutagenic agent and subsequently to remove the presence and action of such agent.

The psychosomatics of cancer¹

Introduction

The interiorization of the knowledge that leads to the solution of the cancer problem, which has been developed thanks to the discoveries of Ontopsychology, implies a special intelligence also by the client. These discoveries can help, enhancing the role of human intelligence in scientific research, by providing a solution and an answer to the need to reach the meaning underlying the rationality and evidence of all medical pathological semiotic. In essence, it is not easy to apply this knowledge in the context of hospitals, clinics and healthcare facilities in general.

Who am I to discuss this? I am a man who has fully understood the clinical picture of cancer in the various applications I made in the past (on hundreds of people of all races, ethnic groups, cultures, social classes, etc.). Treating cancer is the easiest thing. All it takes are three sessions. By cancer I mean all the general pathological sphere, including AIDS. It is not hard to find the cause, that is the aetiology of the symptom, exactly. The problem is when you recommend it to the client, who in turn can accept it or reject it, decide or not decide. Thus, failure does not depend on science or the ontopsychological discoveries, but on the client's free will.

Besides my more than thirty-five years of experience, research, discussions, studies, I spent ten years of clinical activity, for twelve hours a day, with patients of all kinds.² I have been able to obtain these results and use to-day this knowledge thanks to the ontopsychological method. Ontopsychology has made three exceptional discoveries - which hopefully will enter the realm of rationality in the historical scientific process - which can be used to analyse and cast light on any area of the oncologic process. Without these discoveries and this method, a real psychosomatic treatment of cancer is impossible.

The science of Ontopsychology encompasses interdisciplinary knowledge, teaching and opening up behaviour of the Ego. There is a total and essential Ego inherent in the human being's individual nature. The Ego is determined when being is individuated in different existences, each of which with its own autonomy. It is here that the a priori Ego is defined as a free architect of itself and its history.

In fact, we experience an Ego shaped by the behavioural standards of childhood, thus affected by the "education" that we receive in the family and society in which we are born. So we act in accordance with and reflect a prosthetic Ego, an Ego that is real for us but that is different from the a priori Ego formalized by the individuation of nature. In practice we have two Egos: the historical logical Ego (prosthesis) and the a priori logical Ego (individuated being).

Today we are going to focus on the historical logical Ego.

Ego is a philosophical concept, a spiritual not material essence. It is unity of action, and such unity - despite its operational vastness - is unaltered, because it is not constituted of different parts. Ego is a metaphysical con-

¹ This paper is the re-elaboration of the conference held by Ac. Prof. Antonio Meneghetti on 14 November 2009 in the Zorial Hall of the "Recanto Maestro" International Centre of Humanistic Art and Culture before an audience of 300 people, including physicians, researchers, psychologists, nurses, students, healthcare professionals, entrepreneurs, among others. The event was organized by the "Antonio Meneghetti" School, FOIL Brazil and ABO (Brazilian Association of On-topsychology), under the auspices of the Secretariat for Science and Technology of the state of Rio Grande do Sul, the City of São João do Polêsine, the City of Restinga Seca, the Catherinean Association of Psychosomatics, the University Hospital of Santa Maria and the Hospital São Roque di Faxinal do Soturno. Papers were presented-in addition to Prof. Meneghetti, Chairman of the Scientific Council and Honorary Professor of the A. M. School-by Dr. Horacio Chikota, chairman of the Catherinean Association of Psychosomatics, and Dr. Jorge Luiz Palma Freire, director of the University Hospital of Santa Maria do Polêsine. Other dignitaries attending the conference included: Artur Lorentz, Secretary of Science and Technology of the State of Rio Grande do Sul; Dr. Carlos Felin, Director of the Oncology Clinic of Santa Maria; Roberto Cervo, Chairman of the Charity Hospital São Roque; Dr. Carlos do Amaral, Chief Administrator of the University Hospital of the Federal University of Santa Maria; Dr. Edemilson Jorge Xavier, Director of Nursing Staff of the University Hospital at the Federal University of Santa Maria; Prof. Dr. Edna Bertini, on behalf of the School of Psychology of PUC-São Paulo; Dr. Luis Cláudio Fronza, on behalf of the Catherinean Heart Society; Dr. Izabella Paz Danezi Felin, member of the Brazilian Society of Pathology and the Oncocenter (Santa Maria); Dr. Lilian Fumie Takeda, Director of the Clinic "Com-Ciência" and teacher with the Brazilian Medical Association of Acupuncture; Dr. Magda Lahorgue Nunes, coordinator of the Post-graduate program in medicine and health Science-PUC (Porto Alegre).

² See M. Lopez Miral, 'Statistical overview of ontopsychological clinical case studies' (paper presented on 10/12/1980 during the VIII Congress of Ontopsychology held in Rome), *New Ontopsychology*, no. 1/2004. See also the Special re-port 'Antonio Meneghetti. A successful journey', in *New Ontopsychology*, no. 2/2007-1/2008.

cept, and to understand this method it is necessary to be knowledgeable about the variables of being (ontology).

As I understand its constitution, Ego is a spiritual essence that operates material and immaterial forms and structures. "Spiritual essence" means that it cannot be isolated. It exists inside the work but cannot be pinned down outside action. This Ego is capable of transcendence, that is it operates without any conditioning inside and it is not even conditioned by its own work; this is the a priori Ego or ontic In-itself. On the other hand, the historical logical or reflected Ego is conditioned by its own choices; it is historical autoctesis. In this conference we are going to refer solely to the historical logical Ego, or psychicity or psychic activity. It then becomes consciousness, will, knowledge, may be self-aware or unconscious; it manifests itself in many ways. If it is unconscious the individual loses this substantive differentiator of life.

Current oncologic research

Let us see briefly what the current status of oncologic research is today in the world, by analysing the content of two articles published by Italian newspaper *la Repubblica*³. Once in a while this newspaper reports on the progress of science and translates two articles published in the famous U.S. magazines *Cell*⁴ and *Developmental Cell*⁵ (both are part of the same series, together with *Cancer Cell*, *Cell Metabolism*, etc.), which publish scientific articles of international interest. These articles are the result of cooperation projects among Italian universities, Harvard and others connected in these areas of research and, as such, enjoy a fair degree of credibility. At the very least they take a snapshot of the current situation with reference to pharmaceutical and medical research and discoveries on tumour.

The title of the first article is: "Research gives hope. How to stop a tumour from spreading, (...) Sick stem cells at the root of cancer". The authors of this research say that they have found the origin, the "engineer" of any neoplasia, which is located in the stem cells.⁶

In the normal biological process, the stem cell splits "asymmetrically" giving origin to an identical daughter cell, which remains quiescent as the parent cell did, and another daughter cell different from the parent cell, as it is partially differentiated to perform a specific function. In this way, stem cells preserve themselves, without growing in an uncontrolled manner. When the cell division mechanism is somehow altered, it may happen that the division of the stem cells is no longer asymmetric but symmetrical. In other words, a parent cell originates two daughter stem cells, which in turn generate stem cells and so on. This abnormal and uncontrolled proliferation of stem cells is at the foundation of cancer⁷. Thus, according to these scientists, tumour proliferation can be arrested thanks to the discovery of the process through which stem cells divide symmetrically. The great "miracle" should be the discovery that the genesis of cancer depends on these stem cells.

One month later, in the same newspaper and with all the relevant citations: "Anticancer. Pokemon, architect

³ See editions of 18/9/2009 (p. 43) and 20/10/2009 (p. 45).

⁴ See A. Cicalese, G. Bonizzi et al., 'The tumour suppressor regulates polarity of self-renewing divisions in mammary stem cells', *Cell* 2009, Sep 18, 138(6): 1060-1062.

⁵ Cfr. T. Maeda, K. Ito et al., 'LRF is an essential downstream target of GATA1 in erythroid development and regulates BIM-dependent apoptosis', *Developmental Cell* 2009, Oct, 17(4):527-540.

⁶ Totipotent undifferentiated cells, that is capable of differentiating themselves in any other cell type in the organism to which they belong. If the stem cell does not receive a special stimulus it stays in a quiescent state. They are non-specialized cells with the peculiar ability to: 1) proliferate indefinitely without specializing (self-regeneration); 2) produce progenitor cells that specialize, through differentiation, in different cell types (muscle, nervous, cutaneous, etc.). Adifferentiated cell has no self-regeneration capabilities.

⁷ All tumour cells have a general characteristic in common: the ability to proliferate autonomously. In fact, a tumour cell reproduces constantly (as if it were immortal) and is not subject to the typical mechanisms that control and govern the replication of cells.

gene at a crossroad between life and death.” Apparently, the influence of the gene named *Pokemon*⁸ was discovered, whereby the identification of the output of this gene – which in turn is involved in the regulation of other genes – would make it possible to act on the tumour process.

Is this true? Every month there is a “new development”, clearly paid for by the large pharmaceutical companies, so that there is a frenzy of “discoveries”. Meanwhile cancer continues to kill.

Furthermore, there is a procedure that is not scientifically correct. The tumour cells researched in laboratories on guinea pigs do not account for the internal (psychoemotional) situation of human patients. Animals do not have an Ego, they do not have a psyche like the human being, do not have moral and affective contradictions and suffering; they are organic compounds affected by external circumstances (viruses, bacteria, fungi, etc.) and self-infect. Moreover, analyses are conducted in an “artificial” location (laboratory). In the past I went to a place where theoretical research was conducted and learned that tumour cells are hyperintelligent. They move on the basis of the strongest information available, and their liveliness – in terms of energy and vectoriality – is greater than that of all the other compounds in our body. In essence, with the help of two assistants I changed the guinea pigs, unbeknownst to the researchers, and the results came in as expected by the researchers, even though the guinea pigs were different.

I was not surprised because it is part of the discoveries of Ontopsychology. Furthermore, in all experiments, it is always a good idea to remember the principle of Heisenberg⁹, whom I think of as the greatest physicist and mathematician, even greater than Einstein. Among his various discoveries, Heisenberg found the principle of indeterminacy in physics; in essence this means that it is impossible to run an experiment on the physical universe of matter in a neutral and accurate way, due to the presence of the researcher’s internal variable which, together with other reasons and circumstances, gives rise to unexpected factors (bearing in mind that we are referring to a microorganic universe measured in nanometres, etc.).

We are referring to values, theoretical research etc. but, in substance, the economic, political, social, psychological problem is to give every human being gainful employment so that s/he can make a living. The discovery in itself does not matter; what matters is a discovery that would allow everyone to live peacefully together.

Once this principle is clear, it is necessary to learn to be very tolerant and then each, by her/himself, will try to do the best s/he can. However, the large entities, big pharma, politicians etc. have as their priority research as an end to generate income and jobs. Illness is an engine of “our” economy.

⁸ The *Pokemon* (acronym of POK Erythroid Myeloid ONtogenetic, identified at the beginning of 2005) gene, also known as LRF or Zbtb7, acts as a proto-oncogene, playing a key role in the anti-apoptotic process during the terminal differentiation of the red blood cells (apoptosis is the process of programmed death cell). The reduced activity of the *Pokemon* gene prevents the inhibition of apoptosis, resulting in anaemia due to the precocious loss of erythrocytes. Moreover, the reduced activity of this gene by hematopoietic stem cells, or absence thereof, causes the accumulation of aberrant T cells to the detriment of cells B. Another task performed by *Pokemon* is the deactivation of BIM, a proapoptotic gene that induces the self-destruction of tumour cells, recognizing them as anomalous. If *Pokemon* is active, this means that BIM is inhibited and, consequently, tumour cells are free to proliferate, and it could be reactivated with proper drugs. In this context, *Pokemon* can be considered a molecular market.

⁹ (1901-1976) Among this author’s various publications, see *The physical principles of the quantum theory*, University of Chicago, 1930; *Physics and philosophy. The revolution in modern science*, Harper and Row, New York 1958.

The “first cause” of the pathology

1) The terms tumour¹⁰, cancer¹¹, cancerogenous¹², neoplasia¹³, neoplasm¹⁴, metastasis¹⁵, sarcoma¹⁶ define special processes or physiognomies that the tumour may take on. However, in essence tumour always originates from a monoclonal cell (i. e. tumour is formed by clones, copies of an initial cell) which experiences the interference of a mutagenic agent (physical, chemical, biological agent capable of causing mutations) that alters directly the cell DNA.¹⁷

Then there is the fight undertaken by the cell (oncosuppressor gene) to counter the action of the protooncogenes¹⁸ which, unless they are regulated, they can strengthen the illness. This is generally how tumour spreads.

Considering that the mutagenic agent can be observed after the cell is in pathogenous activity, the problem is to find the “first cause” (“primum movens”) that brings to life the mutagenic agent, structuring a form that differs from the behaviour of the nucleus of the cell, interfering directly with the DNA. DNA defines the identity of the entire organism, just like identity in philosophy which distinguishes and sets the entity apart – making it a whole in and of itself, distinct and different from anything else. For instance, an ID card is unique in the country where the person lives and makes this person identifiable, reachable, different, etc. Thus, we can think of DNA as the “ID card” of the entire organism, and is marked within each cell – in the bones, nerves, etc.

A cell that loses its identity is in an intrinsic connection with the identity of that organism. Cells are known because they are the same: the DNA that we have in one hand is the same as that which is in the other. In biology, identity is DNA, that is a unique and unrepeatable phenomenology of an individuation. Thus, when we speak of a sick cell, it should not be understood, for instance as the identity of the liver, of the heart, etc.: the DNA that is mutated in that organ is familiar with, is in contact, is the same thing as all the other cells, which are the same identity. Thus the mutagenic agent is “at home” everywhere. That is why it can access every organ, because the organism has a unique DNA.

¹⁰ The term refers to the general aspect. It comes from the Latin tumor, tumoris, from tumere = a swollen condition, tu-mefaction. Any abnormal growth of cells in part of the body. In particular, unruly and pathological growth of atypical cells. Tumour may be malignant and benign. Malignant comes from the Latin malignus, linked to malus = bad and the theme of the verb gignere = generate, produce (deriving from the Greek gr. gígnomai [gígnomai] = generate). Malignant means a growth invading surrounding tissue and whose cells are capable of spreading throughout the body through blood circulation. Thus a malignant tumour has a metastatic diffusion and, consequently a bad prognosis. A benign tumour (from Latin benignus = benign) is a local growth that remains confined to the original site, which does not infiltrate into the surrounding tissue and does not spread to the rest of the body. Thus, it does not metastasize and has a good prognosis.

¹¹ This term originally referred to malignant tumours of epithelial origin but is now used to indicate all forms of neoplasia. It comes from the Latin cancer (in Greek karkínō [karkínos]), which in the Latin language meant both “crab” and “cancer”. It was given this name due to the ramifications that this disease takes on and that makes it look like, meta-phorically, to crab legs. The crustacean’s claws give the idea of the offshoots of a central body that clutches everything that surrounds them, as it happens when the cells of malignant tumours infiltrate into and invade surrounding tissue. Cancer signifies always a malignant tumour that, as such, has given a metastasis.

¹² A substance capable of fostering the onset of cancer. This term is a compound of karkínō [karkínos] = crab, cancer, shrimp + geno (from the Greek gígnomai [gígnomai] = to generate): “which generates”.

¹³ This term refers to the content of the mass. From the Greek néōs [néos] = new and -plasia (from the Greek plássō [plásso] = shape, form). It means “shaped thing”, new formation, understood as pathological formation of tissue.

¹⁴ See neoplasia.

¹⁵ From the Greek metástasiw [metástasi] = shift, displacement, change; from meísthmi [methístemi] = I shift, change, move. From metá [metá] = beyond + sthmi [hístemi] = I place, put. Displacement, transfer, diffusion of the morbid tumour process with a growth of newly-formed tissue in a site of the body different from the original site. When the neoplastic cell colonizes other, distant tissue where it continues to reproduce.

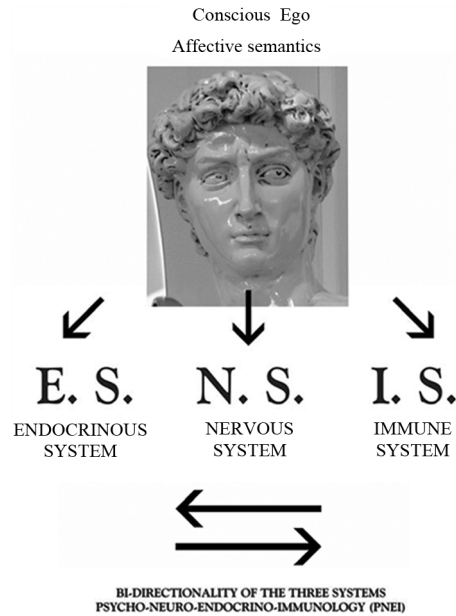
¹⁶ From the Greek sárkē [sárx], sarkōw [sarkōs] = flesh and suffix -oma used by pathologists: rotten flesh, flesh tumour (decomposing).

“Soft tissue sarcomas in adults are tumour forms that arise when malignant cells materialize inside a soft tissue of the body, regardless of the site. Such tissue includes muscles, connective tissue, blood or lymph vessels, nerves, ligaments and adipose tissue. Only through biopsy can the type of sarcoma and the tissue that originated it be identified. Soft tissue sarcomas are quite rare, the most common forms being the paediatric ones”. (Source: Italian Cancer Research Association-<http://www.airc.it/tumori/sarcoma.asp>)

¹⁷ Thus, neoplasia consists of the offspring of a single cell that has undergone a peculiar series of genetic mutations. These alterations represent, overall, the neoplastic transformation process.

¹⁸ Proto-oncogenes or oncogenes; genes present and conserved in normal cells, involved in the cell replication and differentiation processes. Usually, these processes are activated or deactivated by specific proliferation stimuli. If this control fails due to gene mutation, the cell begins to proliferate unchecked. These genes are called proto-oncogenes because they foster actively the formation of tumour, thus turning from proto-oncogenes to oncogenes. Oncosuppressor genes; these act in normal cells, suppressing cell proliferation. Their inactivation, due to gene mutations, determines the loss of normal mechanisms to “stop” cell growth and allows the cell that carries mutated oncosuppressor genes to change to a neoplastic cell. The mutations of oncosuppressor gene p53 are the most common genetic mutations associated with human tumours. The frequent mutation of the gene p53 into human tumours suggests that the restoration of the normal activity for this gene might represent a new strategic anti-tumour therapy.

2) Now, let's analyse the following photo (Figure 1).



The human being is part conscious and part unconscious . Thus s/he can handle her/himself up to a point . This does not depend on a natural defect but on the education received and metabolized , in a medical sense , like the cell metabolizes that which is similar to it and rejects that which is different . Through primary relations , the human being metabolizes the language , the thinking , the moral of the family where s/he is born and raised. Even the emotions felt in the mother's womb – especially after five/six months – contribute to share the character . Suffice it to think about what happens when someone lives for five /six years with certain smells , colours , voice tones , a certain way to cough , a kind of dirt , a specific tune , etc. ; the human being is shaped (see the meaning of neoplasma. Translator's note) by parental education. In essence , behaviour , including physiological behaviour , is influenced by factors that predispose the body to a certain pathology . Accordingly , hereditary transmission takes place through the chemical and physical processes of the body but through the psychic cause -effect sequence in the metabolism of basic educational affection¹⁹ .

In fact , for instance one cannot communicate with her/himself without using the mother tongue and this shows that the human being , to be her/himself , has to go through the stereotype that s/he has learned. This aspect prevails over all other aspects , from ideology to love to sex , among others.

The unconscious is formed due to the excessive metabolization of early education , which shapes itself by cloaking most of the individual's personality. Thus , the unconscious includes the vital forces that each individual is endowed with by nature but which stay repressed , thwarted by the historical logical Ego. Since childhood , the individual evolves in accordance with certain ideals as well as by failing to recognize the full power and the circularity of her/his own body , in all its physical , psychic and biological manifestations . So s/he knows , for instance , only how the “head” thinks but does not know how her/his genitalia , her/his back , her/his knee , her/his heart , among others , think. A whole universe of communicants has been lost to the cerebro -rational system of a certain party , a certain tribe , region etc. Our body has an infinitely rich perceptive and sensorial field . For instance , in the gastro-

¹⁹ In the past I conducted a number of experiments in countries where this was allowed , by moving at birth-unbe-knownst to the parents-the child of a family affected by tuberculosis to a family affected by cancer. After a few years , the children became affected by the pathology of the new family ; nobody showed DNA alterations equal to those of the family of birth.

enteric apparatus there are as many neurons as there are in the “large gland” known as the brain²⁰.

3) Inside the human body there are different regulation systems, but the main ones are the endocrinous system (ES), the nervous system (NS) and the immune system (IS). Each of these systems is not independent of the others; in fact, they interfere with and complement one another and, as such, are bidirectional; they are ambivalent in the circularity, i. e. they are mutually predisposed to sensorial listening and move in lockstep. This is not difficult to understand considering, as already noted, that DNA is the common identity.

The (cerebral) brain, which is considered the most important “gland” in the human body, produces a certain quantity of substances (science has only identified a part, about fifty) called neurotransmitters, or rather, in a more specific language neuropeptides²¹, which throw an active bridge between the brain and the rest of the organic²². This brain is the primary organ linked with the individual’s historical logical Ego and is therefore related to consciousness and will.

Also, neuropeptides are not produced only by the brain: “Biochemical research showed the ability of various types of cell to synthesize immunomodulators and immunopeptides inside the brain and the CNS” – in other words the brain is reinforced also by other cells. For instance, before I talked about the neurons present in the visceral area; the brain lives also thanks to concomitant, reversible support-“These cells include neurons, astrocytes, microglia, endothelial cells of the cerebrovascular system, intrinsic and blood-derived macrophages, activated T-lymphocytes.”²³

Thus, a given substance may be produced by more than one organ (as is the case with the NS and the IS). This explains why, when chemotherapy is performed specifically on the single organ, the patient can live a few years (today life has been extended up to five, six years); eventually this is not enough, even though medical professionals have been accurate. This because the mutagenic agent intercepts another organ to produce that element that mutates the cell and makes it cancerogenous. In essence it is as though, once all the doors are closed, activity keeps going on and finds its way through the windows or the cracks of the floor. This is possible since there is mutual interception among different systems, where one can replace the other, so that the disease is selfgenerating.

So the problem is back to square one: what is it that, once the doors are closed, finds its way through the window? What is the first aetiology?

In addition, “it is important to underscore that many immune cells have specific receptors for neuropeptides”²⁴. Thus, it is not so much the wrong neuropeptide, for instance that sends the information about the beginning of the disease but there is an expectation. In essence if the neuropeptide cannot reach the target there will be another that will replace it. In other words, we are dealing with a total syncretic agent that does not settle a single organ but is omnipresent; the tools may change but the project is unaltered. “Recent studies identified neuropep-

²⁰ Actually, the first brain of life is in the gut. In fact, from an embryological point of view, the cerebral brain develops later. Moreover, suffice it to think that the brain in the gut is the only organ with functional autonomy, acting, control-ling and coordinating independently of the brain placed in the cranial vault. Concerning the science that studies this sector, neuro-gastro-enerology, see ‘The viscerotonic’, in A. Meneghetti, *Melholistics Handbook*, Psicologica Ed., Rome 2006 [It. ed. 2000³; 1996² (previous version 19881)]. See also B. Dander, ‘The first brain and Ontopsychology’, *New Ontopsychology*, no. 1/2001, Psicologica Ed., Rome and M. Gershon, *The Second Brain*, HarperCollins, New York 1998.

²¹ From the Greek *neûron* [neûron] = nerve + *p°pto* (p°ssv) [pépto (pésso)] = I digest + -ide = chim. “derived from”. Generally, neurotransmitters are substances freed from neurons at synaptic level and which exercise their influence in a specific manner on other cells (neurons or effector organs). Neuropeptides are neurotransmitters characterized by the presence of a long sequence of amino acids (the building blocks of proteins) which is called peptide.

²² “Organic”: from the Greek *rganow* = operating, ordering; gr. *rganon* = instrument, organ, ordering order. Self-moving variable with a constant pattern (form). A. Meneghetti, *Dictionary of Ontopsychology*, Psicologica Ed., Rome 2006 [It. ed. 23⁴(previous versions 1998³; 1989²; 1987¹)], p. 176.

²³ G. Lauro, O. Iommelli, *The Model of Psychoneuroendocrinoimmunology (PNEI)*, Campania Region, ASL 1, S. Paolo Hospital, Naples, Department of Acupuncture and Phytotherapy (Head; Dr. O. Iommelli).

²⁴ Ibid.

tides and lymphokines as the molecules capable of throwing a bridge to link the CNS and the IS .”²⁵

At this point, it is appropriate to recall the “placebo effect”, which is totally unrelated to any mechanistic, physical or chemical expectation. The placebo effect is not technically realistic for the chemistry of the cell, but it affects the planner (historical logical Ego), which has the key to identify any compound in its own organism. In other words chemistry is the treating sacramental according to the patient’s faith. Often more than chemistry it is the charisma that the patient attributes to her/his doctor. The same happens with drug addicts who think that they have taken their fix.

4) The essence of all this is that it is necessary to arrive at the thinking Ego, which conditions one’s organism, both consciously and unconsciously.

Speaking of the mutagenic agent, that is the gene variable that sends the order, the configuration of the project, which more properly is referred to as psychic intentionality, is located in the cranial vault. In perennial philosophy, this is one of the most powerful concepts of energy imaginable, thus it is not intention in a religious or legal sense; it is the driver that constitutes all that will be the DNA, it is the dynamic form that materializes that which we are. By “intentionality” I mean also the project of the laws of the universe (chemical and physiological laws, among others, which determine, for instance, the change of seasons). Intentionality is the project of the self-movement of the world of life and we are kinsmen, holistic, we live and are this way because we are rooted to this planet which, in turn, is in a constellation that includes not only the Sun but an entire Galaxy: one thing makes and supports the other. I am talking about a natural and physical intentionality that plans the materiality of individual situations. We are free but bios is the underlying factor: we have been invited into this bios, which has its own precise laws. “Precise” does not mean those written in the sacred books but in accordance with physics, chemistry, etc., that is in a reversible way: I know and by operating what I know the thing comes into being; I think and there is reversibility between the formula that I have and the thing; having the thing and knowing the thing is the same power. Thus, this intentionality is something general, of which we are part. We are “tenants” in this bios and, inside it, the human being has free will, emotions, contradictions, love, anger, stimuli, etc. Everyone of us is an encyclopaedia of sense, variables, poetry and much more. Intentionality proper means that insight that mind demands and grasps or may grasp. It is a formal carrier which organizes (matter and non-matter) the where and how. It constitutes action as it decides the event in terms of mode, time and place. Intentionality is the first planner. It exists before, during and after as tangible result.

This intentionality is specific to the psychic activity or psyche or thinking Ego within the body and the physical space of the consenting individual. Who makes determinations in this small space of a single body? The individual who acts through the “conscious Ego” or “affective semantic”.

“Conscious Ego”: the subject thinks and reacts in a certain way.

“Affective semantic”: the individual may be “cloned” by someone else’s feeling, that is s/he may be directed and metabolized by the reality and interests of another individual. For instance, the conduct of a person deeply in love is, biologically speaking, different from that of a person who is temperamentally detached. In essence, affective semantic involves a shift of information in the interest of the sender – mother, beloved, partner, brother, friend, enemy because affective means both love and hate. In other words, the receiver of the information is dependent upon and is conditioned by it while thinking that s/he is the one that wants, controls, chooses. In reality the Ego is overwhelmed by information which it happily obliges, and that includes suicide if necessary. Psychicality

²⁵ Ibid. Currently reference is made to bidirectional brain-immune network. For an introduction to the discipline of psychoneuroimmunology, see R. Zachariae, *Scandinavian Journal of Psychology* 2009, 50: 645-651.

and affectivity are the two ways to intervene. Psychicality is intentional activity. It is a cause as a mover or first action. It is reflected or dynamic, that is conscious or unconscious. Thus it is a project that touches and alters any type of energy modules: cells, society, people, organs, environment, culture, etc. However, the project is joined by affective volitionality, that is the carrier implies also the recipient. It is intention for.

“Psyche” is a strong word; it is something that always transcends our usual conduct. The term “psyche”²⁶ should not be understood in a psychiatric or neurological sense. That is not psyche, it is brain, it is a complex of neuronics chords that communicate through their different synapses. The brain is an after-psyche. It is a “large gland” but it is not psyche in itself. In and of itself, psyche is soul, spirit, the Ego described previously, that is intellect, mind, the measurer. The concept of psyche is eminently philosophical. With this I do not want to say that philosophy students know these concepts: true philosophy is a knowledge that belongs only to those who are grounded in classic ontology.²⁷ It is not easy business but with exercise anybody can reach that understanding.

5) The information accepted and distributed by the three systems targets especially the immune system. DNA, which is composed of a specific atom sequence, is interfered with through the tolerance and availability of neutrons. These build the beginning of the oncogenic variable, which allows and activates the metastatic process. But this is possible as long as the information produced by psychic intentionality is in motion. Acting on the neutrons that operate in DNA is tantamount to treating the effects without addressing the cause.

6) To recapitulate what has been said so far, the whole phenomenon of any type of tumour can be explained only with the bi-directionality of the three systems (NS, IS, ES) controlled by the planner-psyche-which, even though it is affected by affective semantic, is still the starter. But is the patient aware that s/he is the starter? No, the patient wants to live. In fact, cancer patients seek life aggressively; they want it; they demand it. What happens then?

The individual is hit by external information-which for her/him is a traumatic, shocking, contradictory, unbearable, painful event – which activates and motivates (= exercises pressure to achieve a purpose). In essence, as ego(ceptivity) is touched by the traumatic information it semanticizes, informs the three interactive (nervous, endocrinous and immune) systems (neurotransmitters, hormones, lymphokines, neuropeptides, mirror neurons).

To understand the type of information that determines a psychic trauma, I will describe a couple of situations I dealt with during my clinical experience.²⁸

A fifty-year-old, with a solid catholic education and various sexual inhibitions – which were duly confessed in a catholic sense – married a beautiful, uninhibited lady, so that he might achieve self-liberation in love and sex. Years go by, the couple has two children; he is an upstanding hard working man, a good engineer and so on. So everything goes well. One day, this man who carried on his life coherently and in a certain style found out that his beloved wife was a lesbian and had an affair with his secretary. This was the information that caused a trauma, because he did not know how to react, so he kept quiet and pretended that nothing had happened. He went on and worked harder, prayed longer, and generally did everything with added vigour but the traumatic event, the news received, began to take shape autonomously, forming neoplasia.

A fine lady, an exemplary mother and wife of a very good husband, had two children. The elder was a good, handsome boy who fell in love with a girl and wanted to marry her. The wedding date was set for two to three

²⁶ From the Greek. *ψυχή* [psychê] = soul.

²⁷ See A. Meneghetti; *Fundamentals of Philosophy* (2006; It. ed. 2005), *Intelletto e personalità* (Intellect and Personal-ity) (2005), *Conoscenza ontologica e coscienza* (Ontologic Knowledge and Consciousness) (2007), collected also in *Dalla coscienza all'essere. Come impostare la filosofia del futuro* (From Consciousness to Being. How To Set-up the Philosophy of the Future) (2009). All are *Psicologica Ed.*, Rome.

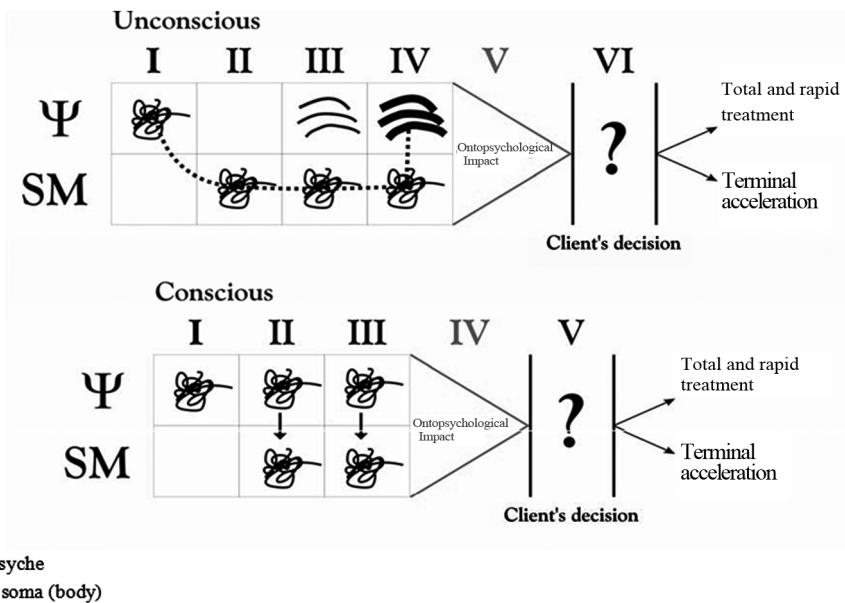
²⁸ The age range of greater interest is that between twenty-five and fifty, as it makes research more scientifically sound. After the age of sixty, organs begin to deteriorate spontaneously: some organs-muscles, knees etc. -do not work the way they do at the age of thirty/forty.

months later. The problem is that this handsome, healthy boy who was mom’s favourite son wanted to marry the worst girl (the ugliest, dirtiest and most ignorant) in the small town where they lived. Moreover, since money was somewhat short, the boy would bring his newly-wed wife to live with his parents, in a three-room apartment. This lady – very refined and sweet by nature – did not react but within the space of a month she died of cancer. I talked to her on her deathbed and told her that maybe a solution could be found and so on, but she replied that she would never accept that situation.

So, there are people that are aware but do not tell their doctor, priest, friends etc. It was my research ability that allowed me to understand these situations. Thanks to the three discoveries of Ontopsychology, it is quite possible to see what kind of plans are being made inside the individual, whether the individual is aware or not. Besides personal conduct etc., it is the semantic field²⁹ that makes it possible to identify the information sent by the planner to the cell of a certain organ. Furthermore, through oneiric analysis though not performed according to the Jungian or Freudian method, but according to the exclusive Ontopsychology method - dreams reveal where the individual is ill, how long s/he has been ill, whether s/he wants to heal or not, what is the cause and how it will end. Dreams unveil the (conscious or unconscious) plan, written technically and mechanically, invariably and unfailingly; psyche writes the plan that it activates.³⁰ Ontopsychology has been able to understand the language that the unconscious uses³¹. For instance, I remember a woman who dreamt about going to church and feeling very heavy because she was pregnant. In the church she saw an angel and finally the baby was born. This meant that the woman had a terminal-stage cancer; she died a few months after.

Ontopsychology has discovered the basic biological language. In its analysis, it is a very concrete science, which does not go beyond the field of physics, measurement, biological demonstration. I learned Ontopsychology from biology.

7) Let us analyse the two charts below (Figure 2).



29 See A. Meneghetti, Campo semantico (Semantic Field), Psicologica Ed., Rome 2004³; 1997²; 1988¹.
 30 Attention is called to definition of Ego given above as “spiritual essence that operates material and immaterial forms and structures”.
 31 See A. Meneghetti, L’immagine e l’inconscio (Image and Unconscious), Psicologica Ed., Rome 2003³; 1998²; 1994¹ and Prontuario onirico (Oneiric Handbook), Psicologica Ed., Rome 2007⁵(previous versions 2005⁴; 1994³; 1989²;1981¹).

Chart one (unconscious)

In this situation, the patient does not know, does not understand. At the initial stage s/he receives the traumatic news³² but s/he tries to forget and refuses to see. The initial stage can last between one week and three months. In my experience, one week after the traumatic information, the individual has already formalized the alteration plan.

Second stage: the individual thinks that s/he feels well, does not remember that situation. However, the traumatic news, which has disappeared from consciousness, has somatized inside the body. The time of incubation lasts until the tumour makes painfully clear its existence at the conscious level. At that point, the patient becomes aware and goes to the doctor. All doctors know that tumours hardly get discovered in the early stages, that is why it is important to adopt a preventive approach (go for check-ups etc.) because with an early diagnosis something can be done, otherwise it may be too late. This happens because there is a voluntary state of unconsciousness by the patient who, to avoid the pain, pretends that nothing happened (“What you don’t see can’t hurt you”). But the news is already producing its effects.

Third stage: the patient realizes that s/he is in pain, goes to the doctor and begins the treatment. However, the symptom remains and continues to spread. The problem is referred to as disease, concern, “obscure disease” that must be understood, etc., so the patient goes to the psychologist, to the healer etc.

Fourth and final stage: the ontopsychological research and analysis method is resorted to at this stage. Based on the three ontopsychological discoveries, one of the patient’s dreams is enough for the ontopsychologist to locate the disease. However, the operator talks to the patient, asking what s/he remembers s/he felt that day, what happened etc. By allowing the client to talk, the ontopsychologist helps bring the problem to the surface, by recalling events, things, circumstances associated with the oneiric information and the semantic reference (the ontopsychologist knows how to isolate the specific information). The analysis ends when three factors are aligned: dream, semantics and knowledge of the event by the patient. At this point Ontopsychology raises the client’s awareness, showing her/him that s/he-as a thinking being-is the cause of the disease. What determines the pathology is how the patient sees her/himself, her/his life or that event.

These explanations are given in a very specific way because the ontopsychology expert describes all the circumstances, as indicated by the patient’s dream, by the semantic field etc. Dreams are so “talkative” that they say also whether there were butterflies or not, when the patient was traumatized. In other words, they show the primary scene of the first cause, which activates the plan.

At this point the ontopsychologist stops. The patient will make the difference: if s/he accepts to change the tumour disappears fast, otherwise the disease will run its course. Take the case of the engineer; if he had had a good laugh or had divorced, he would not have died. If the patient stops the plan, the tumour goes away in a week. This applies also in the presence of a metastasis. Biological health returns to its normalcy. The creation of a disease is the result of an effort, a waste of energy, a deviation that takes a heavy toll on the three systems. On the other hand, the return to normalcy “is all downhill”. Primary DNA is reconstituted fast because there is no longer any assault. As soon as the patient stops her/his planning activity – which is always psychic, conscious or unconscious – and becomes indifferent to the traumatic news, nature takes its course again as the improper, additional and extremely costly obstacle has been removed. That is why the patient sometimes heals spontaneously, as noted by puzzled physicians. What happens in these cases? Going back to the example of the engineer, if that man finds another love that makes him forget his wife, there is an existential change which turns into a biological reward. He is indifferent to the traumatic news, which now becomes an encouragement to live differently. For instance, that man now

³² The event that is a trauma for an individual might have an amusing effect for someone else. Here we go back to the incubation shaped by the sensorial metabolism of one’s childhood perceptions: cells learn to position themselves in a certain way.

feels “justified” to start a love affair because it was his wife who cheated on him in the first place , so he is not at fault.

Chart two (conscious)

In the conscious flowchart , the patient remembers specifically the traumatic event and lives with it with an intensely lyrical and tragic emotionality.

Yet, s/he does not know that that memory is writing some pages of her /his body.

When we talk about “metastasis” we should understand this : at the initial stage the planner is creating a “metaphor” in that s/he is transferring the information trauma (the traumatic news) , hid-ing it and allowing it to survive inside an organ. Thus, metastasis occurs as a transposition of the psychic problem to a somatic location , which sometimes is configured as the symbol of that person that one would like to kill or remove , that person that causes the patient such a pain. Thus, the organ can be personalized as a place where the battle against the external problem³³ (which may be social , financial , sexual , love-related ; problems at the basis of tumours are countless) is lost.

After the explanation , the ontopsychologist tells the patient : “This is the problem. Do you want to live? Then you have to remove the problem. Trust your physicians , they will do what you cannot do ; yet, if you do not do something about the problem the doctors will not be able to help you .” In fact , the doctor cannot fight against the patient’s free will , that is against an absent planner . The planner is always absent from the organ , from the cell , the lymph , the gland , the sarcoma. It is useless to insist on hitting that point : the planner will write other letters , other novels , as long as the writer lives.

There has never been an exception to the above in the ontopsychological clinical experience .

The novelty of the ontopsychological discoveries

Ontopsychology discovered the existence of an inner source of health which is concerned , first and foremost , with physiological wellbeing. It is the planner implanted by nature , by the biological providence of which we are part . This is the basic criterion which differentiates and draws distinctions . Ontopsychology calls this criterion ontic In-itself³⁴ and knows how to read it. The ontopsychologist does not devise strategies . It is this source that communicates what needs to be done because it is equipped with unfailing biological determinism .

This positive source had been imagined , but had never been verified experimentally , with descriptions of the characteristics through which it manifests itself .

Then there is another discovery . To introduce it , I will use AIDS as an example. This infection will spread further because the moral and information system has changed . In fact , while fifty years ago many questions regarding sex were considered “sinful” , ³⁵ today things are different. The use of condoms is highly recommended but this is not really a way to prevent the disease . In fact , from a pedagogical point of view , this is like encouraging young people to have sex , as long as they use a condom. Thus, there is no longer the moral defence used in times past against tuberculosis , syphilis – with all that that entailed – but there were no diseases like AIDS.

It should also be remembered that , given the same potentially infective contacts , some people get the disease while others remain healthy³⁶. During a conference held in Italy , on 8 October 1995 , within the context of a “Glob-

³³ To give another example, retirement from an active life can start cancer because the individual (e. g. a famous judge , a surgeon that enjoys the respect of the community) feels deprived all of a sudden-by society-of her/his power and con-siders her/himself as at the end of the rainbow , confined in her/his home and taking orders from an employee (e. g. a home carer). As a result, suicide in the form of tumour begins to take shape.

³⁴ See A. Meneghetti, L’In Sé dell’uomo, (The In-itself of the human being), Psicologica Ed. , Rome 2002⁵; 1999⁴; 1993³; 1989²; 1981¹.

³⁵ I would like to point out that in the Islamic world boys are virgin when they marry, and this is regarded as the hon-ourable thing to do for a man.

³⁶ There are also children as young as 2/3 infected with the HIV virus , but that is because they have had close contacts with their mother or another hyper-infected adult.

al Teach-In” meeting organized by the U. N. – which saw the participation of Italian officials, world-renowned scientists and doctors, as well as the president of an association that provided assistance to people with AIDS³⁷ -I maintained that AIDS is not an epidemics due entirely to external sources. Proof of it was that prostitutes in Nairobi did not have AIDS at that time while for instance the president of the association that provided support to people with AIDS was nearly at the terminal stage of the disease. However, his wife was there and she was healthy. I asked the wife, in front of everyone, whether she and her husband had good sexual intercourses and she answered yes and without condoms. The perversion of AIDS, which materializes in the biological system of the individual, is like a psychic perversion: seeking, daring, wanting the thing to death. It is a need without limitations, without order, which wants to suck the life, the pleasure, the joy and gracefulness out of the other. It does not depend on a traumatic event but on the character predisposition to monopolize affection combined with an obsessive psychological and sexual desire to possess the other.

Also in the case of uterine carcinomas, sex is one of the main contributors, because it may happen that a woman wants sex with a certain man with whom she is mentally obsessed. In fact, sex is more present like an obsession than a natural need. When sex is performed out of a biological need, everything is fine. The disease begins when there is a misperception, thus a perversion between biological appetite and psychic obsession. In that case, the genitalia, which represent a complex and extraordinary intelligence, are put under stress. There is an order in sex and many papillomas and pathologies are due to individual perversions, that is unruly obsession or intercourse with an inappropriate partner. So, since that woman, for instance, is unable to refuse-because she is unaware of her obsession-nature steps in and says: “If this is your sex, I want no part of it”. This is how the reaction begins. So, many times tumour is the last defensive barrier that the biological organism has. It is as though the body, when it does not have a specific master, or an intelligence ruling over it, prefers to let itself die. It is the law of nature.

Furthermore, during sexual intercourse images appear and attention needs to be paid, because they are operational. Image³⁸ is the base of energy: some images are “killers”, others are appropriate. With the world of psyche we can get a glimpse into an opposite universe, which is extraordinarily marvellous, but it is always necessary to maintain a rational balance among function, pleasure and vice (instrument deformation).

The second discovery is this semantic transversal information³⁹, so that the disease occurs – besides the extreme cases when someone is ill due to many causes – also due to expectations or a psychic predisposition. In other words the patient is scared but is curious about that disease, instead of being coldly neutral.⁴⁰ Also when the patient gets the disease, the planner has to negotiate; if the planner is impervious there is immunity against the disease. This explains why many go among lepers and remain healthy. Similarly, many physicians do not get infected with the disease of their own patients because the white apron is a symbol of detachment, defence: a physician must know how to treat without going into and dwelling – in a participatory emotional way – in the patient, otherwise sooner or later s/he will fall sick. Also religious volunteers who operate among the infective are immune because they are doing God’s work in helping their fellow human beings. Also children born into infected families can be treated naturally by changing place or affective reference⁴¹.

The concept of “semantic transversal communicative information” includes also the mass media, which are great “neurotransmitters” of misfortunes and diseases, because they communicate in a certain way and the news be-

³⁷ See ‘Aetiology of AIDS: psychic predisposition and virologic interaction’, in A. Meneghetti, *Ontic Genome, Psi-cologica Ed.*, Rome 2004 [It. ed. 2009³; 2002²; 1997¹].

³⁸ See A. Meneghetti, *L’immagine alfabeto dell’energia*, (Image as the Alphabet of Energy) *Psicologica Ed.*, Rome 2005⁴; 2004³; 1992²; 1991¹. See also ‘The neoplastic syndrome as effect of the psychoteic image’, *New Ontopsychology*, no. 1/2004 and ‘Love song or neoplasm program?’, *New Ontopsychology*, no. 1/2006.

³⁹ See A. Meneghetti, *Campo semantico*, cit.

⁴⁰ I remember I once told a young man that, if he had not been more careful, he would have gotten the so-called “swine fever”. He answered: “What am I, a pig?”. Surely he will never get that disease because he has a psycho-infallible anti-gene.

⁴¹ See p. 6 footnote 19.

gins to raise curiosity. Surely behind it there are powerful pharmaceutical companies, which remain always necessary.

Lastly, there is a third discovery: added interfering actor or monitor of deflection⁴². This is like a computer virus that is formed through a compound rationality⁴³. It originates from education, through the formation of rational stereotypes. These stereotypes become fixed in the individual who uses them constantly as frames of reference for the analysis of new things, thus limiting her/his possibilities.⁴⁴ This added interfering actor validates and reinforces any pathogenic process: whether it is schizophrenia, tumor, car accident or suicide it always talks⁴⁵. One more thing: it is impossible for a manifest schizophrenic to have cancer because s/he has already been captured by the obsessive planner; thus, her/his head is full of her/his craziness and forced rigidity, without going into the body. The worst disease is certainly schizophrenia, which never goes into the body (even though the patient is in a highly infected environment), because the schizophrenic has this pathology that deters all the other pathological forms⁴⁶.

In addition to the communications that can be observed in the neuropsychiatric tools, and in all the various processes deriving from the spinal marrow, attention should be paid also to the concept of "chakra"⁴⁷. We have zones (mainly seven: top of the head, forehead, throat, solar plexus, viscerotonic, genital zone, sacral-lumbar) that are energy-wise, closer to the psyche. The chakras are the strongest locations of biological energy and, in case of disease, before any organic alteration there is the alteration of that zone⁴⁸. To understand the type of energy we are talking about, consider a masseur who performs a good massage. At the beginning the hands are cold but after a while they become warm. That type of warmth is the etheric field:⁴⁹ "field" in a physical sense; "etheric" because it is not very ponderable, as it is a flow of electronic energy without nucleus.

After the general psychic information, beyond the neurovegetative system, the three systems indicated above (NS, ES, IS) are triggered. Among these there is transmission, communication thanks to the synapses, which carry information. Each piece of information does not alter the neurons from a molecular point of view, as the neurons can transmit in a photonic way, that is like a mirror⁵⁰ (in fact they are called mirror neurons): they transmit information without experiencing any electric or chemical alteration⁵¹. Thus, a piece of pathological information can start from the brain – here we are already at the CNS level, which is after the psyche – and then cross, through the synapses, all the different tracks and, finally, hit the targeted organ in a structural way, in accordance with the molec-

42 See A. Meneghetti, *The monitor of deflection in human psyche*, *Psicologica Ed.*, Rome 2004²; 1985¹ [It. ed. 2003⁴; 2002³; 1985²; 1975¹].

43 For instance, computer viruses are information that destroys software by taking over the main functions. However, it is a photonic conformation. It is not an internal molecular process but only a passage of image; image rests but does not alter until it is required to alter because it is part of a plan.

44 On the other hand, for instance, scientific knowledge-despite the experience-is always open curiosity.

45 When the head talks it is not "God that sees"; it is one of the phenomenologies of this added interfering actor.

46 See A. Meneghetti, *Schizophrenia by Ontopsychology*, *Psicologica Ed.*, Rome 2003 [It. ed. 2002].

47 See 'The vital centres', in A. Meneghetti, *Melholistics Handbook*, cit. See also S. Sharamon and B. J. Baginski, *The Chakra Handbook*, Lotus Light Publications, Wilmot 1991.

48 For instance, when an emotion reaches the sacral-lumbar zone, particularly the coccyx, surely shortly thereafter a disease will hit the visceral, bone apparatus or the colon.

49 See A. Meneghetti; 'Ontopsychology, psychotherapy, etheric field', in *Clinical Ontopsychology*, *Psicologica Ed.*, Rome 2006²; 1981¹ [It. ed. 2004³; 1989²; 1978¹]; 'La triplicità energetica psicosomatica', ('Triple Psychosomatics Energy' in L'In Sé dell'uomo, cit.; 'Biodinamica del campo eterico', ('Biodynamics of the Etheric Field') in *La psicosomatica nell'ottica ontopsicologica*, (Psychosomatics according to Ontopsychology) *Psicologica Ed.*, Rome 2008⁴; 1999³ (previous versions 1991²; 1974¹).

50 Mirror neurons are special types of visual-motor neurons. They were discovered in monkeys at the frontal cortex area level F5. These neurons are activated both when the monkey performs a certain action and when the monkey sees another perform the same action. They do not respond to any other type of visual stimulus. According to many scientists these cells should be responsible for our ability to understand others. For further details, see G. Rizzolatti, C. Sinigaglia, 'Mirror neurons and motor intentionality', *Functional Neurology* 2007, 22(4): 205-210; J. T. Kaplan, M. Iacoboni, 'Get-ting a grip on other minds: mirror neurons, intention understanding, and cognitive empathy', *Soc Neurosci* 2006, 1(3-4):175-183.

51 See 'Monitor of deflection, meme and scientific episteme', in A. Meneghetti, *The monitor of deflection in human psyche*, cit. (in particular pages 25-31); see also 'Specularity and organismic' in the same book.

ular architecture. Why that organ? Here we are in field of the patient's free associations, i. e. what the patient is thinking. That organ is chosen because of its symbolical proximity – according to the patient's idea – to the real thing in itself. A typical example is that of some teenagers, between the ages of thirteen and sixteen, whom I treated for some pus formation. To squeeze the pus out it took 10/20 minutes for some of them; to heal it was necessary to wait some months. When I intervened in these cases, in which the planner communicated rapidly, the patient wanted to punch, for instance, one of her/his parents. This aggressiveness wanted to come out, but the planner held it back with its own body, thereby producing these injuries. Other acted, instead, out of masochism to inspire compassion or to make someone feel guilty. I remember telling one girl: "At least make stigmata in the middle of your hands, so that they can make you a saint; you have stigmata like Jesus." I do not want to go into religion, but this is all ordinary science. The person possessed by the devil exists only in catholic context, not in other religions, where s/he is present maybe in other forms.

All this shows that psyche is the planner that acts as the primary agent in altering the biological course of any compound in the human body. Ontopsychology has been able to intercept it, not just arrive at it by inference.

I think I stimulated curiosity on the frame of reference for research, and this might be of interest for some physicians who want to venture in fields of learning beyond medicine. However, let us remember that, based on my experience, out of, say, 100 people I was able to heal only 30/40. For the other 60/70 it was not a matter of inability of the method, it was the patient who held that attitude, "I break but I do not bend", that is "I can't accept all this; I'd rather die." There is always this possibility and, in these cases, it is useless to force the patient: s/he has already made up her/his mind.

However, it may happen that a patient thinks that her/his life can change. In this case, in addition to the precise and appropriate medical and pharmaceutical treatment, sometimes the ontopsychological method can be used. I can tell from the first session how the patient will react, because I see it (from the analysis of dreams, from the semantic field, etc.). If change is possible I schedule a second session. A third session takes place if I know that the patient is healed. If, instead, I see that the patient is rigid, does not want to change, I have her/him admit that much and that's it, without wasting time. Because in the end, as a scientist, my idea is that "if your life does not concern you, it concerns me even less."

This matter will be explored in greater scientific depth and details will be sent to you by September 2010.

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Bibliography

This discovery does not dispute any pharmaceutical and scientific treatment. The bibliography of the article is very limited because the discovery was made in connection with the clinical and therapeutic process developed by

the ontopsychological school which operates under the supervision and direction of Academician Prof. A. Meneghetti.

Author's publications mentioned in the article (published by *Psicologica Editrice*, Rome)

La psicosomatica nell'ottica ontopsicologica, (Psychosomatics according to Ontopsychology), 2008⁴; 1999³ (previous versions 1991²; 1974¹)

'Love song or neoplasm program?', *New Ontopsychology*, no. 1/2006.

'Aetiology of AIDS: psychic predisposition and virologic interaction', *Ontic Genome*, 2004 [It. ed. 2009³; 2002²; 1997¹]

'The viscerotonic', *Melholistics Handbook*, 2006 [It. ed. 2000³; 1996² (previous version 19881)]

'The neoplastic syndrome as effect of the psychoteic image', *New Ontopsychology*, no. 1/2004

Clinical Ontopsychology, 2006²; 1981¹ [It. ed. 2004³; 1989²; 1978¹]

Campo semantico, (Semantic Field), 2004³; 1997²; 1988¹

Dictionary of Ontopsychology, 2006 [It. ed. 2001⁴ (previous versions 1998³; 1989²; 1987¹)]

Fundamentals of Philosophy (2006; It. ed. 2005), *Intelletto e personalità*, (Intellect and Personality) (2005), *Conoscenza ontologica e coscienza*, (Ontologic Knowledge and Consciousness) (2007), collected also in *Dalla coscienza all'essere. Come impostare la filosofia del futuro*, (From Consciousness to Being. How To Set-up the Philosophy of the Future) (2009)

The monitor of deflection in human psyche, 2004²; 1985¹ [It. ed. 2003⁴; 2002³; 1985²; 1975¹]

L'immagine alfabeto dell'energia, (Image as the Alphabet of Energy), 2005⁴; 2004³; 1992²; 1991¹

L'immagine e l'inconscio, (Image and Unconscious), 2003³; 1998²; 1994¹

Prontuario onirico, (Oneiric Handbook), 2007⁵ (previous versions 2005⁴; 1994³; 1989²; 1981¹)

L'In Sé dell'uomo, (The In-itself of the human being), 2002⁵; 1999⁴; 1993³; 1989²; 1981¹

Schizophrenia by Ontopsychology, 2003 [It. ed. 2002]

Various authors

A. Cicalese, G. Bonizzi et al. The tumor suppressor p53 regulates polarity of self-renewing divisions in mammary stem cells. *Cell*, 2009, 138(6):1060-1062.

AA. VV. Special report 'Antonio Meneghetti. A successful journey', in *New Ontopsychology*, no. 2/2007-1/2008, *Psicologica Ed. Rome*

B. Dander. The first brain and Ontopsychology, *New Ontopsychology*, no. 1/2001, *Psicologica Ed.*, Rome

G. Lauro, O. Iommelli. The Model of Psychoneuroendocrinoimmunology (PNEI), Campania Region, ASL 1, S. Paolo Hospital, Naples, Department of Acupuncture and Phytotherapy (Head: Dr. O. Iommelli)

G. Rizzolatti, C. Sinigaglia. Mirror neurons and motor intentionality. *Functional Neurology*, 2007, 22(4): 205-210.

J. T. Kaplan, M. Iacoboni. Getting a grip on other minds: mirror neurons, intention understanding, and cognitive empathy. *Soc Neurosci*, 2006, 1(3-4):175-183.

M. Gershon. *The Second Brain*. HarperCollins, New York, 1998.

M. Lopez Miral. Statistical overview of ontopsychological clinical case studies (paper presented on 10/12/1980 during the VIII Congress of Ontopsychology held in Rome), *New Ontopsychology*, no. 1/2004

R. Zachariae. *Scandinavian Journal of Psychology*, 2009, 50: 645-651.

S. Sharamon e B. J. Baginski. *The Chakra Handbook*. Lotus Light Publications, Wilmot, 1991

T. Maeda, K. Ito et al. LRF is an essential downstream target of GATA1 in erythroid development and regulates BIM-dependent apoptosis. *Developmental Cell*, 2009, 17(4):527-540.

W. K. Heisenberg. The physical principles of the quantum theory , University of Chicago , 1930 ; Physics and philosophy. The revolution in modern science , Harper and Row , New York , 1958.

Documents on the internet

AIRC-Associazione Italiana per la Ricerca sul Cancro -<http://www.airc.it/tumori/sarcoma.asp>