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<https://www.sistemaconceptual.org/pdf/Miracle23setmanes.pdf> (en català)

THE 'MIRACLE' OF A 23 WEEKS VERY PREMATURE NEW BORN: MATTER OR INFORMATION?

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¿Why can Pau has a **full life** and do **all** this (playing the piano, study, play sports ...) today, like any other child his age, or even **better**? ¿And why, in the other hand, another six infants like him, which coincided in Hospital, are dead or are in **vegetative life**? **Six horrific** family tragedies that could have been avoided if science, medical science in this case, would not have looked in the **wrong direction**, as it still look today.

We will see that the **serious** error is to think that pregnancy is the **exclusively** physiological process for the newborn **when it is essentially dynamical information**:

- **management** of the **genetic** coding, **epigenetic** informational exchange, and
- the mother-child **interaction**.

The physiological/ gynaecological should be understood **only** as the outer cover and, therefore, the only directly visible.

INTRODUCTION

This writing is my **admired tribute to an exemplary mother**, in her extraordinary maternal instinct, also thinking about the problems that in a young child supposes born normally, but of a mother lacking this important instinct, because it was my case.

Months before, I writing and "hanging" on my Web:

- "Els drets dels nens" (<https://www.sistemaconceptual.org/pdf/Elsdretsdelsnens.pdf>), in Catalan language ("Children's right");
- "Els drets dels nens a BioCultura 2009" (<https://www.sistemaconceptual.org/pdf/BioCultura2009.pdf>) [with translation into Spanish-Castilian "Los derechos de los niños en BioCultura 2009" (<https://www.sistemaconceptual.org/pdf/BioCultura2009CAS.pdf>, "Children's rights in BioCultura2009").

for what later contacted with me a mother telling me that you reading my documents **could understand** why his son Pau, born in 1995, was a totally normal 14-year-old boy. And on the contrary, his companions even less premature than he —!only 23 weeks! —, or they had died or had very serious consequences.

Why? Because these documents explained and justified what they have been through 14 years ago. They were guided **exclusively** by intuition, guided **exclusively** by instinct, and also with the **uncertainty** and with a **lot of effort** to keep their believes **against the strict criteria** established by hospital protocols. This document explains many causes of the **dramatic difference** between:

- A **full** life;
- And death or even worse; a vegetative life/ **unworthy**.

For this reason we decided to meet and explain in detail all the specific data about what happened. After an **unforgettable** 2 hours of conversation, after so much time "**talking**" about Pau without haven't seen him yet (he was on the upper floor doing his homework for the next day), I politely asked his parents to invite him to play piano for me, with all my '*bad*' intention **to see him** in a compromised position.

He accepted without trouble and provided us with a short piece from MENDELSSON *II Gondolieri* (from "Romance without words"). After an extraordinary performance, despite the lack of preparation for the "concert", and despite the lack of warming up (and the obvious technical errors), I asked him another 'targeting' question about the absence of the score. And likewise, I got the answer that I **more** wanted to hear:

"once I learned the [music] piece, I can internalize it and interpret it as I want"

I want to emphasize that Memory (internal, or external like in a score), even if it might be essential, it remains as the power of a **lower intellectual property**, although not everyone shares this assumption. But, everyone agrees that creativity/ interpretation is associated to **Excellence**. 14 years later, Pau was as normal as any of his fellow students, but in addition, an "excellent" normal person.

Behind the apparent success of the low mortality of preterm and more-preterm infants, something unthinkable a few years ago, the **high price** this brings to these babies is continuously increasing. As the very premature ones grow older, it has been observed that in later development **new** problems appear, **more later**, because the high level cognitive functions are set to more advanced ages. Therefore, even when few preterm infants reach the age of 4 or 5 without problems, in fact, significant consequences can still develop later as cognitive dysfunction. We must focus on the double importance of these facts, due to the **extension** of this problem and due to the consequences that work **beyond** the physiological: **mentally** (and later and at a more high level).

¿How can exist a relationship between physiological abnormalities (pregnancy/ short gestation) and some mental functions that are developed six, eight or more years later? ¿Why Pau, one of the **more** premature newborn known, has survived and even after 14 years of life **no**

significant consequences have been found (thus, at this age there is hardly room for any other sequel to appear)?

We will see in this article how **seriously** mistaken is to think that pregnancy is an exclusively physiological process for the newborn when actually, it is essentially a informational dynamics:

- **Management** of the **genetic** coding, **genetic** and **epigenetic informational exchange**;
- The **mother-child interaction**.

The physiological/ gynaecological should be understood **only** as the outer cover and, therefore, the only directly visible.

PAU' STORY

AMENORRHEA

Amenorrhea is the absence of menstruation. We know that menstruation starts 14 days after ovulation, but we cannot say anything about the previous period, between the beginning of the menstruation to the next ovulation. Often it is 14 days (and then the menstrual cycle is 28 days), but it is not uncommon to be fairly long, such that ovulation can be delayed until day 24 (and then the menstrual cycle becomes 38 days). Even a woman with regular cycles of 28 days can have sometimes a much longer cycle.

How:

- Conception/fertilization —marks the beginning of pregnancy— should happen during few hours after ovulation,
- But you cannot know exactly how **many** days after the last menstruation has occurred,

Neither can be known the time of pregnancy (unless the woman has **enough body awareness** to find out when she ovulates, and remember when it was exactly the sexual intercourse, taking into account that sperm can be conserved active few days). Therefore, many gynecologists have the habit to refer to the time of pregnancy in amenorrhea. But then, we must be aware that pregnancy is 14 days more or **less** long. Apart from the habits, and although the definition of amenorrhea include the case of pregnancy, I think we should **not** speak of amenorrhea in pregnancy.

Mariona's last menstruation began on the 29th of December of 1994. Therefore, the pregnancy was not before January 13th. Consequently, it is said that Pau was in gestation for less than 168 days (or he did not reach 24 **complete** weeks).

THE LONG LABOUR

On the morning of the 26th of June of 1995 Mariona's membranes of the amniotic sac broke when she was at work, so she was transferred and admitted to the emergency room in Hospital with a dilation of 2 cm, and similar size of uterine prolapsed. **All** doctors diagnostic were an **impractical** labour.

A doctor (the fact that she is a female doctor is **even more sad**) insisted that she "was not in labour, but aborting" and that "it was not a newborn but only a fetus."

Despite this depressing and impossible environment, Mariona first reaction was to hold up the creature with an unusual survival **instinct***, this could save them both more than the predictable abortion.

* Other people would use the term "faith" instead of instinct, but the choice of terminology is conscious and **rigorous** as we will see.

The rule was —and it still is— completely the opposite: once the amniotic sac breaks, if labour does not start in few hours, new born must be induced or a cesarean section must be done.

But the advantage of today knowledge and technology is the possibility of diagnosis and control. Years ago it would have been a risk, too uncertain; to keep so **many** days of gestation, 4, after a broken amniotic sac —a risk that **non** doctor would have taken—, but today (strictly 1995) could be guaranteed that non serious problems would happen. Even if these 4 days, added to just 160 days of pregnancy represented a pregnancy increase of around 3%, a **priceless reward** in an extreme situation on the **edge** of survival.

Mariona was trying to cope with her son with the help and control of 'analytical tests' every 12 hours. Obviously there was no 'Eastern' experts —a banned area for allopathic/'Western'

medicine—, which could have easily seen that Mariona had, as expected, the deepest meditation with her life and her body; a completely 'transcendental' meditation*.

* NOTE: Specialists on this area may wonder how this 'personal didacticism' was possible so instantaneously in such laborious practices which have needed of several years of evolution to be strengthened. "What is consciousness?" (<https://www.sistemaconceptual.org/pdf/Conscienciacio.pdf>, in Catalan) reveals the experience of survival of Elsa GINDLER (another '**miracle**' by doctors, and another 'personal didacticism' with levels of awareness), which also gave rise to the **transcendent contributions to psychomotor** development by the pediatrician Emmi PIKLER (see "Children's rights ...2009" <https://www.sistemaconceptual.org/pdf/BioCultura2009CAS.pdf>, in Spanish-Castilian).

The earlier document explains how new born triggers some physiological and informational process absolutely **superior and unattainable** to any other human process, an **extraordinary eclosion/hatch of information** and the **control** of physiological instincts (only regarding the strength is certainly a level unattainable by any human male, it does not matter how much they try to develop themselves with doping). If the reader takes into account two previous informational circumstances—the **instinct for survival** and the **instinct breakthrough** in new born—he will begin to understand.

During the conversation with Mariona, she gave another important information:

"I've always tried to respect my body and **listen** to it."

This is a normal thing to say, but in this case was fully proved by the facts. It means a high level of body awareness in normal situations (strict meditation [non mysticism] is nothing more than body consciousness, as it is explained in "**What is consciousness?**"), **avoiding instinctive repression** brought by our society.

Moreover, if the reader is familiar with the mechanisms that allow intuition and this extraordinary power (a faculty trivially defined as a kind of infused knowledge, as a kind of 'divine' inspiration), he will understand better. The reader can find information in "What is intelligence?" (<https://www.sistemaconceptual.org/pdf/QueEsLaInteligencia.pdf>, translated in to Spanish-Castilian by Juan REMENTERIA), "**What is consciousness?**" and "The Kerigma of thought: the structuring of thought and knowledge" (<https://www.sistemaconceptual.org/pdf/Kerigmapensament.pdf>, in Catalan).

If we add to the high body awareness, with little repression of instincts, the hormonal information-state of birth, the survival instinct and intuition, the reader will have a sufficient explanation of the extraordinary/ **intense** mental/informational status of those moments.

Finally, it should be clear that all the above is **irrelevant** from the current obstetric perspective, for which, labour of new born is **only** a physiological process.

On June 27th, at 24:00 hours, the 'analytical test' showed the onset of an infection, which continued to grow throughout the next day. During that day, the worst was added. First contractions were every 7 minutes and soon after every 5 minutes. I do not know what Mariona told to her body and her child, maybe she still remembers, but **only with one doctor** (her private confident doctor who considered acceptable the level of infection) among the many others who were treating her, she managed to hold until the 29th day when the grave situation ease somehow.

NATURAL LABOUR OR CESAREAN SECTION?

But new contractions returned at midday on the 30th, and an obstetrician committed the **imprudence** of making a touch. And, of course, found the head of Pau. What was she expecting to find, the diaphragm of Mariona ...? Obviously not, because Mariona was in labour for about 4 days, only the head of Pau was to be found (or the buttocks, which was already known that it was not the case). When new born has been unleashed (I insist that 4 days after the amniotic sac broke she still had contractions) a touch cannot be made because it can only cause the interference with the dynamics of labor, accelerating it. You can **look, but not touch**.

But that was not the case, because there was no approval from the mother. Neither was it intended to accelerate the part because it was the opposite: to do a cesarean section. It seems

that doctors decided to intervene inexcusably, although the infection was stable: they took Pau with a routine cesarean section **after 4 full days of delivery**.

It is very important that the reader pay attention to the 'small' detail, apparently unnecessary, how I ended the previous paragraph "after 4 full days of delivery," because it is essential if the reader refers to what is explained about delivery on "The rights of children at BioCultura2009".

Pau, even though was absurdly and unnecessarily drawn by a cesarean section, **lived a whole normal delivery!** And during 4 days! A **very long** one. This is another positive —**basic**— circumstance, which led to the survival of others.

It has been said "absurdly and unnecessarily", because it **says very little** about the ability of obstetricians who treat her, that the small dimensions of Pau —805 g, **the fourth part** of a 'normal' newborn— and the contractions and dilation of her mother, **made them unable to avoid cesarean section** and eventually lead to vaginal birth.

With cesarean section is **even less** understood the previous touch, which **manipulated** the head of Pau. Basically, it was an **inconsistent irresponsibility with the absurdity** of the following cesarean section.

The abuse of Cesarean sections by allopathic/'Western' medicine is due to the ignorance of the **harmful** counter-indications of cesareans. It is considered as a technological success, when in reality is one of the **worst** handicaps to start the life of a newborn (see yourself in "**Children's rights ...2009**")*.

* This is a serious error in allopathic medicine and has the **risk**, among others, of **increasing** significantly the likelihood of **autism**, a **clearly iatrogenic pandemic**. See "**What causes Autism. A brief reflection**" (<https://www.sistemaconceptual.org/pdf/AutismENG.pdf>). Later, in "The case of Anna," we will see other harmful consequences.

Fortunately a broader part of health professionals are trying —with honesty and courage— to change this unfortunate situation.

Where am I going? We should understand that regardless of the previous cesarean, in this case cesarean was completely **irrelevant** by the newborn. The only negative but temporary situation of surgery affected the mother because, fortunately, Paul lived a previously labor, and very **prolonged**, strengthening the **bond** with his mother and a bond which is nothing more than an **exchange of information**, which may be **one** of the several reasons for the '**miracle**' of their survival as a fully person today.

In the previously mentioned document "**Children's rights ... 2009**" is explained in detail the relationship of pregnancy and how it should be understood correctly. I also added that the **same labour**, despite its short duration, can be a significant **contributor** to the increase of the bond, the intensity of the information exchange (expressed by very high hormone levels*). A short labour in the case of Pau would not be good (only the intensity of new born is a factor of 10 compared with a normal pregnancy, it would be an equivalent to **40** days of information exchange in a short pregnancy).

* Remember that a hormone is a molecular **sign**, that is, **information**.

Let's put it in another way, if the 26th they would had practice a cesarean section just to arrive to Hospital, Pau would have been **less** likely to survive, or would have a sequel.

SIDE BY SIDE ('SKIN TO SKIN')

The reader can already imagine that Pau's fate was in the incubator, but only for 48 hours until Sunday, 2nd of July.

Another **atrocitiy** of today's medicine is to schedule births, but that is another issue that we will depart from the script. Therefore there is a significantly decrease in births during weekends (Saturday - Sunday) and / or holidays, so that doctors can have relaxing weekends.

In Pau case this issue played on his favor. Maybe because of the relaxing weekend policy in the hospital, Mariona insisted to have Pau in touch with her finally on Sunday morning, less than 48 hours later. Please note that this **vital** mother-child contact (see "**Children's rights ... 2009**") is beginning to be understood by neonatologists (or at least, is accepted as the current 'fashion' health), but 15 years ago when Pau was born, situations in hospitals were very different.

The "skin to skin" is now called "kangaroo method" and it is well discussed in "**What causes autism**" Here we can add the anecdote of how the "kangaroo method" was **re-discovered**, and I emphasize **re-discovery**. It was discovered **accidentally due to the miseries of under development**. In Colombia, during the very late 70s', there were continued power cuts that disable the 'modern' incubators, and there were few that were available to share, they opted to ask mothers to put their children on their chest, not to cool down. Soon they became aware of **the enormous increase of newborn survival...** The "kangaroo method" is the discovery of "the garlic soup" is the method that all mammals have been using for over **a hundred million** years, except for humans for the last 70 years, with the progressive medication during new born.

It is known that once a newborn is born in a normal/ natural way and after lactation, the newborn rest for almost one day. It is completely natural, we should rest after the most intense moments that may exist in our lifetime.

So Pau, after four days of new born, the fact that he spent nearly 40 hours resting instead of 24, was not particularly traumatic.

I said "the most intense moments" which should **never** been understood as "stressing" which is **another serious mistake**, and many gynecologists and neuronologist also explain it on "**Children's rights ... 2009**".

This mistake does not understand, for example, if the cesarean section would have been done on the 26th, Pau would have lost an important stimulation for life that involves new born (as I emphasize below, the stimulation is nothing else that information that triggers **more information management**). In general, it is not understandable how serious is for a newborn to begin life without the **very important** part of the experience (I emphasize, the experience is nothing else than useful accumulation of **information**).

"CLANDESTINE" BREASTFEEDING AND STIMULATION.

But the trauma's shade came by another hand: during the same weekend appeared two young female doctors at the end of the corridor (which, I repeat, it is **even sadder** because of their sex* females), **threatening** with a syringe on their hands and willing to cut Mariona's lactation. More than one reader might think that I am exaggerating, but I'll explain it as I believed it: I immediately thought in the 'Death Doctors' and the extermination fields, like two **slaughterers in an execution**.

* See for example the Addenda at the end of "**Children's rights ...2009**".

Maybe because it was weekend, and because they were simple residents/ trainees, and since they had no expertise to rely on, they did not dare to force Mariona and her husband **instinctive** negative to such **criminal act**.

However, they tried again the next day, but Pau' parents had even a stricter attitude which again prevented it.

On the contrary, once Mariona was minimally reconstructed after the cesarean section, she caressed around the nipple, the areola of the breast, trying to **stimulate** them and make them

work much **earlier** than physiologically appropriate after an interrupted new born by cesarean delivery. After the third day only one drop was out and nothing more. But during the fourth day and after **eight hours** of stimulation ("Can you imagine what **8 hours** means?) She managed to get from her breasts **a special treasure** as **!1 cm³!** of colostrums, the often neglected 'first milk'.

When I was young, in school we were learning how to calculate how many thousands of years and how many thousands of people are needed to calculate all the atoms contained in a mole of any gas. This exercise was to understand the magnitude of a number 10^{23} (the number of AVOGADRO (1776-1856)) and the smallness of the atom. Not far from this extraordinary number is the number of molecules that were generated in the breasts of Mariona on that cubic cm. Was not a small number at all, because what they immediately put into Pau's mouth was **the most special cocktails of immunization that can be given to a newborn**. That was **another** contribution to Pau's 'miracle'. A 'miracle' which will be explained slowly (even more of a 'miracle' if we compare it to other babies, infants also, that were on the same situation but did not have his 'luck').

On "**Children's rights ... 2009**" explains that the innards of the newborn —even more in a premature— are like **a desert**, incapable of any digestive function. It is strictly an **external tube**, where everything comes out. We need the guts to get '*infected*' from a rich bacterial flora capable of digestive functions: a huge **symbiosis**. This is a function triggered by the colostrum (together with everything the newborn ingest involuntarily from her mother during delivery, as **amniotic fluid, sweat** and even some **excrement**).

Once this is understood, we have to add that the colostrum is part of the "**Imprinting** (to new born)". This is an informational phenomenon **essential** for the survival of mammals, but still **ignored** by the allopathic/ Western medicine. At "**Children's rights ... 2009**" we can also find the correct definition of Imprinting based on **incomplete instincts**. The Imprinting is the information sent culturally in addition to the genetically and/or this information constitutes a cultural alternative to litigation, which would produce similar effects on survival. We will resume again on these two issues; about the gut bacterial flora and the Imprinting.

The trauma's shade appeared again two days after. The fifth day in Pau's life, on Tuesday 4th, another nurse noticed the abnormal situation ("*abnormal*" from "not in-law" or for being **contrary to the established protocols**); Pau was outside the incubator between 9 and 18 pm. With **tension**, but with effort and **perseverance**, they **forced** the doctor in the neonatology department at the hospital to follow the "skin to skin" with the understanding that the parents were "assuming the risks" of such "abnormal behavior".

The efforts of Pau's parents, **secretly**, with a complete dynamic **outside** the hospital laws, were bearing their own fruit. The following day, July 6th, to obtain the same cubic cm of milk, 6 hours were sufficient. And on the 11th of July came out three times more milk, 3 cm³, and in only 2 hours. In a single week! An efficiency improvement factor of 12!

Thus the milk extracted by Mariona was administered to Pau enteral and he did **not receive any other food than this**. The cost of this behavior was what is common in all babies breastfeed: lose of weight during the first few days. The problem is that Pau was only 820 g and the loss was extremely severe, **disheartening**. And the 10th day he had already dropped to **720 g!** Can you imagine? A new born! Much smaller than any sugar or flour package of a kilogram!

But the next day he started to gain back a few grams. The enthusiasm invaded Pau's parents: there could be hope. And on July **18th**, with only a gain of 10 g per day, he was back to 820 g of weight. They thought that it could be possible.

We arrived to August 11th which would have been the beginning of the 30th week of pregnancy, in case of no preterm birth. Pau was only about a month and a outside* of his mother, but was still more than two months before the time when he was suppose to be born (mid October).

* We must highlight a habit that should be changed. The age of individuals should refer to his conception, not birth. In an adult is irrelevant because we know that you must add about 9 months, but in a premature infant, it is not. And there are more premature infants every day. With only a month and a half Pau was still less than **two and a half months** of a normal newborn. A normal newborn would **not yet have been born** (we are born on the 'Week 40' on a strict pregnancy, nearly 280 days which is about 9 months). If a newborn is very different to a four months newborn, **is even much more different** if they were 4 months of premature birth. With half a year of life, Pau still looks like a two months newborn, and after 1 year, he was like an eight months.

The hospital was certainly going in another dynamic direction. During this day, August 11th, Mariona asked to the doctor who visited her, to breastfeed Pau directly. She did not allow Mariona to do that, because according to her, even if Pau could suck, he would **not know how to swallow milk** and he would **drown**.

Two weeks later, at the end of August —after the '**obsessive**' interest of Mariona and the fact that the '**fetus**' was still alive— the doctors felt that Mariona could breastfeed Pau.

Why was she allowed to breastfeed? Because it is known that the instinct of **sucking** and **swallowing** is consolidated around this time on a fetus, during the seventh month of pregnancy. Consequently **none of the doctors** at the hospital could have imagined that Pau could suck much earlier, shortly after born. Neither the doctors that I had name 'Doctor Death' imagined that she would come to breastfeed her child (during all their years of study they did not learn anything about breastfeeding, or about WHO recommendations nor the EU recommendation that I will explain later).

The knowledge of Mariona was not imposed by rigid memorizations at the university or by a biochemist environment supposedly scientific, but only by **intuition*** associated with its unequivocal and **strong maternal instinct** where there is no possible error (the instincts are settled for the past million years, **they make no mistakes**).

* I insisted in the previous note about what has been said of intuition and intelligence. The intelligence is an intuitive but not emotional feeling, an intuition that is generated, mostly by the instincts, something completely new and surprising to the reader. You can find more information on the documents "**What is intelligence?**", "**What is consciousness?**" and "**The kerygma of thought**", before mentioned.

That's why from the first day that Mariona was able to perform the "skin to skin" she was also putting Pau's mouth close to her nipples. Pau initially did nothing different than when his mouth was in contact with any other part of his mother, but soon he began to recognize the nipples, smelling and licking drops of milk, and making progressive movements with the mouth, and then suck.

Pau noise was unequivocal: "glu, glu", and even a discreet and reliable nurse was participating of the **sublime symphony** emitted by Pau. Therefore, Mariona did not want to do so in secret, and she asked on August 11th to be able to do that without hiding, and avoiding the unnecessary milk extract and give it through the catheter.

Thus, when doctors allowed her to breastfeed Pau on late August, she had already been breastfeeding Pau for over a month successfully.

When the doctors saw what happen when Mariona put Pau close to her breast and he began to suck like **possessed**, it was like a **bomb**. They began to bring more doctors and all of them looked quite **puzzled**. **Non of them could understand** it and they concluded that was already **a true 'miracle' in itself, inexplicable**. A justification that surely was totally satisfactory for more than one doctor believing that nothing is better and more rewarding than being a direct witness of a miracle.

What happened? As always the information is who commands and orders in physiology. Physiology **never** makes decisions for itself. It is reasonable that the sucking instinct appears so late: Why would do so sooner if all less-than-six-months-premature had not survived until today? They were therefore abortions, as **none of the mechanisms of evolution** could have been activated in previous generations to prevent this gestational progress.

But it is important to notice that the information on pregnancy (as all the information inherited, like all instincts) is now all in the genetic code, there is only one insider, a **metadata*** which enables each item of information when necessary. In any other way, it would work. If the action of the corresponding metadata, like activating the sucking instinct is replaced by an external information, **the process runs exactly** as it would have done much later.

* Metadata means a higher level of data, data about the data.

What is **pacing**? It is nothing more than information, **virtual information, not material information**. It is an impulse, a signal. But is also **quality** information: **stimulation is metadata**, because is **information** triggering **more information** management. The only limitation to the effects of stimulation would be the material support, i.e., if the mouth or lips, etc would not have been formed ..., but all was formed several weeks before.

The epigenetic provides an **inexcusable** way for Science to accept the importance of information. In "What causes autism?" There is a brief summary of what is **epigenetics**, which I refer to in order to not repeat it. If genetics is a science that should study the genetic code information (below I will deal with the "should"), Epigenetic **complements genetics by studying the exchanges of information** between genetic information and inputs from the environment, either directly from the same individual or indirectly from an external environment. This phenomenon that **modifies genetic information helps** you to understand from a biochemical perspective the concept of metadata and the clear **possibility of an external replacement**, as I just explained.

Therefore, this explanation is completely **inexplicable** from a physiological perspective, because it is a perspective restricted to everything material, in the real (information is virtual, not real or tangible, you cannot touch it, it is not material). If you cannot see the information and its differential action on the dynamic material (for example, manage the matter, which can **never** be done by matter itself), then is when you need the 'miracle'.

Conversely, someone could reason that being very premature, it would take longer to develop a swallowing instinct. Well that was **not it**, mainly **because he needed to survive**; the progress was triggered **even more**. Everything is a matter of instincts (sucking, swallowing and Survival), information entirely **related (one more proof** of the necessary relation ability —and not only sequences— of genetic code, which someday will be **the major 'discovery' of geneticists**).

Maybe some readers would be **astonished** to find the concept of '**metadata**' in the middle of **the genetic code**. Certainly I've never found it in this area, but it should be more common because the genetic code is nothing else than information (of type **(+M, +S)**). Its use would **help** to discover and understand many things, because the obsessive relations that are the basics of genetic research will never allow (for this and other issues, the "should" above). But as the prospect of genetic material remains on the support of biochemistry (+M, -S), in genomics is **not** common to use expressions that belong to information.

For example, as already mentioned, in genetics there is no concept of **relation ability** but only sequence (the gene region of chromosome, genome). In "**L'exactitud a les ciències**" "The accuracy in science" (written at the beginning of 2007, in Catalan: <https://www.sistemaconceptual.org/pdf/ExactitudCienciescomplet.pdf>) it is explained the **need** for this relation ability today ignored, because the sequences alone **cannot explain** the dynamic aspects of life (such as instincts, pregnancy and new born). It is a prediction of "The holistic theory" that one day will be discovered. Likewise, as soon as I uploaded this document, another prediction was confirmed that was already explained in the Addenda document.

The following two paragraphs are copied from "**Children's rights ... 2009**".

Shortly after opening the Web; "**Children's rights**" an article was published "Emergent Synchronous Bursting of Oxytocin Neuronal Network", which I immediately added to the end of this document. For the first time —**it was about time!**— an article appeared on this subject with medical terminology

informational: "synchronisms", "touch", "communication/ information transmission", etc.. The article is unable to go further because of the difficulty of treating such symbolic systems (+M, +S) and (-M, S), but at least confirms the evidence: in addition to the nutrients from mother to newborn, there is an **intense communication between both!** Information from R. A. FISHER again!). Information I was referring to from the first page of "[Children's rights](#)"

Ana Maria is one of the few experts in WHO in Catalonia and she explained a few months ago the case of a "perfect" woman whose child was not gaining weight. As the situation worsens every day, she went visiting all the experts on breastfeeding. And when I say "all" I mean all of them. When the problem was too serious she was directed to Anna Maria. Instead of visiting her, she decided to go to her home and **live together**, even if only for a while. She could immediately appreciate what she had already advanced; she was a "perfect" mother. And when she breastfed the newborn, everything became clear. She grabbed him as needed, all perfect, **except for a "small" detail:** she did not look at the newborn during the whole time, she continued talking with her instead. Problem identified and problem resolved: she asked her to shut up and not to do anything else but watching him, and during the following days he started to fatten up quickly. Obviously, other foreseeable problems were not treated. ¿Another 'miracle'? Obviously not, there was only **an no-communication problem**. The mother was not 'connected' and there was **no exchange of information**.

You can say, rudely, on the first half of pregnancy the newborn **is formed**, and on the other half is **getting fat**. If we calculate according to fetal growth curves, Pau should reach the weight of 720 g on the 22nd week of pregnancy. That would be more than one week before his birth by cesarean section. One thing is for newborn with a three or more kg to lose 200 g during the early days up to nurse (now part of the natural process from millions of years ago), and another Pau's critical situation with only 805g (**a quarter part** only) and the initial difficulties of his mother to breastfeed him normally.

Someone might also think, "It is like Pau has survived with only 22 weeks of gestation". Fortunately, it is **not** exactly true, maybe a day but not a whole week, precisely because what has been said: pregnancy is not only material (**weight**) but, **above all, information**. And I said "fortunately" because **without the strong link** Mariona-Pau is hard to imagine that Pau would have survived the decline of added weight. If everything was a matter of weight, **it would be impossible** to explain that Pau could have survived to this weight decrease.

ABSOLUTELY NECESSARY REFLECTION, ALTHOUGH IT MIGHT NOT SEEM SO.

In one of the addendas in "[Children's rights](#)" it was transcribed some '**angry**' expressions of scientists and public health experts, editors of a European directive ("feeding of infants and young children: recommendations for standard European Union" promoted by the European Commission (EC) (SPC2003320) [and translated by the Government of Catalonia]):

"The document does not address the benefits of breastfeeding based on scientific research, for three reasons:

- First, because breastfeeding **is natural and characteristic of humans to provide food for infants and children, this is not necessary to be proved with scientific evidence.**
- Secondly, that "exclusive breastfeeding is the reference **model that serves** to evaluate alternative methods of feeding in relation to growth, health, development and other effects in the short and long term." Therefore, those who propose these alternatives should provide evidence to demonstrate superiority or equality of alternative forms of infant feeding.
- Thirdly, because the **benefits** of breastfeeding are public domain and are available in numerous publications advised by professionals as well as many political commentaries."

This statement above leads to the following reflection. One or two thousand years ago we did not know about bodies' attraction, or how strongly, or what acceleration produced. But we were **accepting the tangible reality that everything is falling down. Before doing science we should accept the reality**, the reality should be the zero empiricism, the base. If someone does not understand why you fall down, would not accept it, and would jump down a bridge or a tower, what would the reader think? or what would anyone from the past or from the present think about this individual that does not understand and thinks that he should not fall? I ask the reader to think about three judgments (or insults) about how to **describe** this person, and **remember** that:

A: ??????????, **B:** ??????????, **C:** !!!!!!!!!!!!!

Let's go now to the twentieth century. As soon as artificial milk appeared, it was **immediately** confirmed that bottle-fed babies do **not** grow as healthy as breastfed by their mothers, as had always been done. With the level of knowledge and analytical skills of the twentieth century it was a fact so **obvious** as thousand years ago it was to see the bodies falling down. **No studies were needed** to see reality, it was obvious. But initially we did not have enough scientific knowledge to **explain in detail what it lacked in artificial milk** (like 1000 years ago, nor explained anything of gravity). Shouldn't we name "A", "B" and "C" to anyone who did not believe on this reality because it refused to explain it scientifically?

It's like smoking, everyone is free to do so, but it is an "A", "B" and "C" to **deny the reality** that is harmful to health. One thing is the freedom of the individual, and another the reality and the consequences of their actions. It's like to do a high risk activity, **regardless** of the risk (or without taking the steps to prevent risks) who also does "A", "B" and "C".

Civilized states have **even legislated** for years, (as has been done with tobacco), that artificial milks should incorporate into their labels, or in any commercial advertising, that **breast milk is much better** for the aging of the newborn. A woman can give artificial milk, such as smoking, but she **cannot say** that it benefits her child, **denying reality**. Then we should tell her that she is "A", "B" and "C".

Thereafter, scientific studies began to appear more and better explaining the "why" of this reality and about the superiority of breast milk. And with the previous article ("Emerging ..."), another new perspective **until now ignored by official science** on the mother-child **communication** and their **need** for proper infant development was added.

The scientific articles on breastfeeding **only** give scientific explanations to **a reality that had already existed**. If somebody would believe the other way around, that reality is justified by the scientific articles, shouldn't we say "A", "B" and "C"?

The reader may think that I am exaggerating with this explanation so detailed, but it is not so obvious for **everyone**, that is why **it should be reminded by the experts in the EU**, even with a European directive as I referenced.

This is exactly expresses ironically by Benoît Mandelbrot (unquestionably one of the most **famous living mathematicians**, who discovered, among others, the famous series that bears his name and generates the familiar and extraordinary **fractals**):

"...car nous ne considérons comme scientifiques que les phénomènes qu'elles permettent d'expliquer!"
("...because **we** do not believe anything is more scientific than the phenomena that we can explain!!").

with the literary figure of "we" brings clearly the **scientific community** that behaves just the same as the reader have named "A", "B" and "C", and that is what Mandelbrot **elegantly but very clearly denounced**. The scientific community has the **bad** habit of **excluding reality**; it **denies** what can still not be explained today with science.

Therefore, it is **not surprising** at all that in a hospital for children even basic issues such as breastfeeding are so **misunderstood** and so badly managed. It should not surprise that happens, but for the same reason we should be **very concerned** that involves babies.

Emphasizing the earlier, when Mariona asked an extractor for her breast milk, which obviously are more comfortable and much faster than doing it manually! The Hospital had non available! And that was on the year 1995. In "**Children's rights ... 2009**" (one year ago) it is mention at the beginning:

"Bad experiences were done more than 31 and 33 years ago [now 32 and 34] like having violent discussions with the direction of a hospital (Clinica del Pilar) to **prevent** my two older daughters to go to the nursery to be **breastfeed** with her mother. It was an **absurd** discussion because as everyone knows, today the "nursery" has been practically **eradicated**."

I meant the 70s in a private clinic, not the 90s in a hospital.

IATROGENIC HOSPITAL INFECTION

To avoid breaking the exhibition script, I actually left a **bad fact** behind. Within days after Pau was born, they detect candidiasis, an **infection** caused by the **incorrect handling** of the catheter. It was recognized by the same hospital. It was on July 10th, corresponding with the day of Pau minimum weight (720 g).

When we left after he play "Il gondolier" on piano, Pau showed us the sign still visible on his left arm: a white small '**s**' non-pigmented.

In an intensive care unit with very-premature infants and a specialized hospital in this field, this infection is an **unacceptable** fact. Given the critical state of Pau (like a tightrope walker on the rope), if it would have ended in a different way, legally could have been considered a **reckless homicide**. Another issue, which fortunately is not the case, would have been to gather the necessary evidence to prove it.

Finally, all that meant was the appropriate treatment with antibiotics for a few days, the **only medical treatment** that was done to Pau (except from the vaccine to be mention).

THE EXPERTISE OF MARIONA

During the conversation, Mariona still wondering —14 years later— how might have been able to do **so many things skipping many protocols** (in "the miracle completed" we will her 'exoticism'). Certainly it is a lovely person and she might have known how to ask for things, that is very important (plus some random coincidences as already explained). But perhaps we should add, moreover, two important factors:

- One, **commiseration** in verse of a mother with a child who everyone believed dead except for his parents. They might have seen her as the mother that does not want to be separated when the child reaches the final minute to be introduced on the niche. They let her cry the agony of a terminally ill son. Obviously it is **no** criticism, on the contrary, **without a high degree of tolerance** and transgression of the existing hospital protocols, Pau would not have survived or would have survived but with serious consequences, as was the case of his companions discussed below.

- Secondly, obviously, the **bad conscience** of those responsible for the clinical infection before commented.

But there is another **important** factor. Pau was the second son of Mariona and Jaume. The first son was deliver in Hospital with a **natural birth** without induction/ or medication. Unfortunately, it is not usual, which means that the Mariona **had already clear** what she wanted (remember it well "... respect my body and **hear it**").

It is well known that in the first new born, the women arrive to the hospital with the **uncertainty** of a new and previously unknown transcendental experience. Therefore if mothers are good mothers, that is a really good moment to support their daughters*. This is what happened years ago, but the medication of new born has **borrowed** its prominence to women in new born and parenting (breastfeeding, ...) and the chain was **broken** years ago.

* I do not know if that is the case of Mariona or if her mother was here, but I am just explaining the general situation in which the majority of women find themselves.

Lately have appeared the '**Doula**' which tries to **replace and reinstate** this important role, which for a first new born is **very important**. "**Children's rights**" highlights on the front pages, the **importance of supporting** pregnant women, when it is the first time. Pau's case is certainly exceptional. The norm is a "normal" new born, but in this case it is inevitable that

many small problems appear and they can become big problems without the right advice and support. The common problem faced by the lack of breastfeeding advice is particularly clear. For the second new born this problems become insignificant, but also many women who breastfeed their first child*, stop trying on their second son for the adversity of what happened during the first birth.

* As regards to the first child without the advice / support, is that women are less motivated and stop sooner the breastfeeding.

Indeed, this support for women is even more important because added to the medication during new born there is another **disastrous** reality: the frequent **sexism** and **abuse** that women have to endure by some professionals. Despite its importance, this is also an issue that is left out from the script of this document and moved to "**Children's rights**":

In societies like ours, markedly **sexist, intolerant, jealous**, with ignorance and **unhealthy** (physically and mentally) bodies, the pregnancy of a woman when she wants a healthily and no medicated new born, is usually a reason for all types of **psychological aggression**, whether explicit or subtle, to prevent it. Projections and aggression of the husband, but also their own parents and other family members... And what is **doubly serious**, many health professionals. **Group** exercises such as yoga or Zen, or any **collective** preparation for delivery and postpartum, in addition to its direct benefits, allow the **interrelationships** between **pregnant** and **lactating** women. This is **vital** for many-women-who suffer the above circumstances, because they can receive information, but more **support and solidarity**, making the experience of pregnancy and parenting **with more fullness and confidence**.

Pau, **fortunately**, was the second child. I say fortunately because if he would have been the first, would have been inevitable that his parents had been less strong on making the decisions that were taken. Considering the severity / criticality of the case, was a decisive factor on the success: if it had been the first child, the story could had another final. Pau's case can be compared to tightrope walker across the rope: **any** mistake would be fatal.

The bottom side is therefore to stress the importance of **supporting** pregnant women, and **even more during their first pregnancy**.

THE COMPLETED 'MIRACLE'

Mariona also had an '**exotic**' habit: she spent many hours **singing to her son** when he was on top of her. I said singing "to her son", not only singing, which is **very different**. During the "Backdoor stimulation Breastfeeding" with the case of the "perfect" mother, you can appreciate the difference.

I emphasize '**exotic**'. This is because **to take care, to sign** to children is prehistoric, *démodé*, no longer carries ... Fortunately it is not prohibited by hospital protocols, but they don't advise it. The protocols are covered from the perspective of the **responsibilities** for those who are in control, but **not** to benefit the user...

If you have not already read it, I recommend to the reader "**The Secret Life of UnBorn child**" (T. VERNY [medical expert in neonatology] and J. KELLY, 1981). It should be a "**required-reading books**" for schools instead of the nonsense that they read. I will come back to this book in "The scientific journal articles".

Another '**exotism**' was a **sign hanging** from the incubator, **warning** that a newborn was breastfeed. The reason was to keep Pau from being plug with a **sweet bottle** or a **pacifier** in case he was crying, not to annoy. I remember how I suffered the same 30 years ago, the few times I could not keep my daughters from entering the nursery for controls, reviews..., as I noted in "A reflection absolutely necessary, although it does not seem so."

But it must be said, there were also **professionals who encouraged** Mariona to **encourage** other mothers to do to **the same** she was doing to Pau.

I will conclude like is done at the end of historic films, once the star had completed the film, it is said briefly in a few short paragraphs how the protagonist life continued.

On the 28th of August of 1995, two days before Pau became two months old (but still! Month and a half before he would be born!), he was transferred to an intermediate room, ie, outside intensive care.

On the 15th of September, Mariona and her son Pau **went home** (but still a month **before** he should have been born!). The 'miracle' was already a reality!

One year after he was born, in the summer of 1996 (I insist to the reader that you should subtract 4 months prematurity, ie, one year is equivalent to 8 months of a newborn term) Pau **went down the stairs** of his house, **dragging**. To go upstairs should take a little more time...

We should add what the reader already imagine: Mariona had to scarify an **entire year** of work (with all that represents) to take care of their tiny 'miracle'. Pau current account, not in the bank but in the **information** was still in '**duty**', and it was necessary to cover the debt with the shortest possible time, because the interests on duty are the highest of all. As stated in "**Children's rights ... 2009**":

"All we want to save on time for the dedication of premature or normal born babies is **multiplied by a thousand** in expenses for doctors, teachers and psychologists during the subsequent years"

and dealing with a very premature newborn, **even more**. The other six colleagues of Pau that I will talked about in the entire series will show it clearly enough.

Caring of his little newborn for one year was a pleasure for Mariona. But for Jaume, the father, it meant **triple work: morning, afternoon and evening**. Fortunately there was not the serious crisis that we have now. It was good economic times and the problem was not finding a job but only the physiological resistance of Jaume ... Obviously, he had a great motivation, **great stimulation and challenge**: his child.

In late summer 1997, after Pau was 2 years old, during two-odd years after his emergency admission to hospital, Mariona and her entire family, returned to **normality**: Mariona returned to work.

Between summer 1997 and the autumn of 2009 when we met Pau and we said goodbye to his small piano concert, we leave this period as "**homework for the weekend**" for the reader. You should imagine his life like any other child's life.

But it is still not over! Mariona had a third child. After her previous pregnancy with Pau, Mariona was admitted to hospital and was medicated to hold new born during the last weeks of pregnancy. When she reached the 35 week of gestation and no longer considered to be a premature birth, she decided **to go home**. And so, at home, she gave born of a third child following **a natural part** (and avoiding any temptation of a touch or, even worse, a cesarean section). And years later, **without even going before** to Hospital, Mariona had a fourth daughter **at their home with natural new born**.

I remember clearly how she **distinguishes** the latter from all previous ones. Why the difference? Because during the birth of her fourth child she was able **to enjoy those relaxing moments so unique**. She insisted that was certainly and by far the **most** rewarding pregnancy and new born. **Without anyone** that would have prevented or limited anything, without any machine interfering with that extraordinary inner peace. So much that she said she'd like to repeat it a second time (as if the three previous new borns were not fully 'hers').

And finally, related to the above, Mariona told us that from those months she stills hear on her head: the **continual** alarms, the **insistent** phones that nobody takes, the **turn on and off** of the lights, the **noise** of the fans, ...

Many readers will think, "But to give birth at home is a risk!" **On the contrary**, a natural new born and at home like our grandparents were born, grand-grandparents and **all** previous

generations **does not mean sacrificing medical intervention if something gets complicated** during new born. New born is a **slow** process and predictable enough to anticipate any trouble with time and if it is necessary to complete it on a hospital (**as demonstrated** in the case of Pau, without going any further!). The problem is **an excluding Medicine that does not allow its limits**.

New born has nothing to do with an accident, a heart attack, a stroke, ... where the minutes and seconds can be crucial. The **problem** is partly to associate it with pain and sickness, cultural beliefs which **should be eradicated**, and not to **superiority in intensity** (the opposite of the 'stress' already mentioned). .

As stated in "**Children's right**":

High risk pregnancy/ labour is reached-or favoured-when exists **rigidity, lack of relaxation, insecurity and poor self-esteem from pregnant women**. Many pregnancies towards a normal and successful labour, change direction and **become traumatic for interruption/ disruption of the natural process**. All this is avoided with the proper **information and preparation for delivery, and surrounded by appropriate professionals**.

THE OTHER SIDE

PAU'S FRIENDS ONE YEAR LATER

Mariona says; "I have **not forgotten** what the neonatologist have said to us in each visit":

"First let me touch this newborn, because it is a **miracle**"

and grabbed his arms. Thereafter he made the medical visit.

The same days that Pau was in intensive care, he met with **six** other equally very premature babies, although **not as much** as him: between one week and two weeks pre-mature, ie, six-months older than him, which is already quite long time.

Obviously, **none of them** had been breastfeeding. **None of them** had been removed from the incubator to be "**skin to skin**".

On vaccines, Pau received hepatitis B because they knew that the mother had it (and had gave it to her first child). Apart from this, which could prevent a clear risk of contracting the disease, his parents did not want Pau to be administered with **any other vaccine**. I do not know what happened to the other six babies but it is likely that many receive **all prescribed vaccines**.

Also I do not know if there was vaginal labour for any of them, or if all of them were delivered by Cesarean section and without letting any symptoms of labour to appear.

The rest of the differences can be imagined if the reader knows hospital issues. If this is not the case, just think about the opposite of what they did to Pau. We should still add that **they got rid** of Pau's infection, which gives him even more credibility.

In some of the visits for controls, they met with two of the four babies that were visited. Only four, because the other two were **already dead**. Mariona did not want to ask questions and delve into others misfortune, but the summary is:

- One of them was **deaf and blind**. Everything had begun with a necrotizing inter-colitis (ie, death of one part of the intestines) possibly due to putrefaction of nutrients that cannot be digested. No doubt the reader will immediately think about the factor of colostrums absence as **a negative and determining generating factor**, which was **added** to the remaining informational deficiencies. From here, blindness and deafness came due to surgical interventions to solve this problem. Pau's parents had the strong impression of seeing a **dramatic vegetative-child**. Based on this record, if they would apply the **rating scale of autism**, they will possibly find **a high coefficient** of this syndrome, despite his young age.

- The other child had **severe neurological problems**, which were manifested by an obvious valve on the brain. This seems to be a combined result of **all the informational deficits** that we have seen.

The remaining two, it seemed that they reached one year, but they do not recall any specific data. To experience what happened in those years, any neonatologist can imagine that their state might not be far from the previous two. What I remember perfectly, because they lived so closely, is that **all four were operated** as the first, although without the same effects arising blindness and deafness.

We remember it very well because Pau was also in the 'waiting list' for expressing necrosis and the corresponding operation. All fell, one by one, but Pau went through the following days and nothing happened. His parents lived a few **dramatic** days waiting, until slowly, as days pass and nothing happened, gradually they realize that the **danger had passed**. Reading "**Children's rights ... 2009**" (paragraph .20 "Imprinting") they saw that everything was explained, but unfortunately they read it 14 years later and it did not save them from many days of **suffering**: Mariona caressing her breast for hours, had **saved** Pau. The reader will understand now, the example of AVOGADRO's number during high school.

ADDENDA (2011-06-06):

La estupidesa humana* –què és la característica que més ens diferencia de qualsevol altra espècie, i no la intel·ligència com habitualment es creu (veure "Què és la intel·ligència?")– es manifesta pel mateix en tots els àmbits, el científic inclòs. És massa habitual adoptar suposades "teories", trivialitzadores i enfrontades al sentit comú. Abans això que l'actitud humil d'acceptar que encara no hem arribat a entendre, que la realitat és força més complexa i encara ens manquen coneixements per a donar explicacions prou raonables. Per això són contínues les sorpreses i freqüents els canvis radicals de "paradigma" científic. Exemples de "teories" avui universalment acceptades com a tals pot ser la Teoria de la Relativitat (on lo real és que hi ha una irresoluble incongruència entre les seves dos branques, la "Relativitat especial" i la "Relativitat general", així com la impossibilitat d'armonitzar-se amb la "Mecànica quàntica") o el "Model standard" en l'àmbit de la física (veure "Resumen de la teoria holística en castellano" o "Dogmas y creacionismo en la ciencia: 10 breves reflexiones"). O en l'àmbit de la vida les omnipresents correlacions de la genètica amb les que –ignorant fins i tot la epigenètica– es pretén explicar qualsevol cosa, inclosa la intel·ligència o el comportament sexual. O la psiquiatria, amb el recurs fàcil del calmant que amaga el símptoma, en lloc de tractar l'arrel psicològica del problema. Aquestes i moltes d'altres seran en un futur (que per be de la humanitat espero no sigui un futur massa allunyat) anècdotes com avui la "Teoria del flogisto" o l'Alquímia, és a dir, res de teories estrictes, només hipòtesis desencertades/ incompletes.

* "Estúpidesa" en la **interpretació estricta** del terme, no com a insult, és a dir, una "Estúpidesa" és una **utilització absurda/ incorrecta** del pensament **per a reprimir-se** els sentiments cognitius dels que es deriva, com el sentit comú i la intuïció.

Una font de sorpreses és el sistema digestiu. Quan encara no se sap del cert per a què serveix el Sistema entèric, una contribuent important del sistema nerviós que no està en el cervell sinó que pels budells (el que hauria de portar a intuir sistemes d'informació psíquica a suport seu, al igual que succeeix amb el cervell, veure "Consciència digestiva" a "Què és la conscienciació?"), la sorpresa més recent ha estat descobrir la complexitat dels ecosistemes bacterians de la flora intestinal –tot un complex món dins del complex món que ja és cada individu– amb bilions de bacteris de centenars d'espècies diferents. S'està intentant definir/ classificar les diferents enterotips/ ecosistemes que presenten els humans, enterotips/ ecosistemes no correlacionables a ètnies o àmbits geogràfics (ni en conseqüència a causes genètiques) sinó que posant de manifest ineludiblement l'acció epigenètica. Com a referència molt recent, "Enterotypes of the human gut microbiome", *Nature* **473**, 174–180 (12 May 2011). Cal afegir que, anàlogament a qualsevol sistema immunològic, la representació de la dinàmica de tals sistemes és impossible amb els rígids models "materials", es requereix un model "informatiu".

Sense conèixer i/o intuir aquesta complexitat no es pot entendre el "miracle parcial" de què a en Pau no se li produís la necrosi dels budells, un altra fet **inexplicable** als ulls dels facultatius que el van tractar. El lector, però, possiblement ja ho haurà entès: cap miracle, simplement que per l'efecte del calostre, la flora dels budells d'en Pau no tenien res a veure amb la flora dels altres sis nadons. **Un inequívoc efecte de la menyspreuada empremta.**

After explaining the story and remembering the other six Childs, quietly, unconsciously putting her voice down, Mariona asked:

"Can we draw **conclusions** on the difference between Pau and the other six babies?"

Physics —science that boasts of its accuracy— often **a single** experiment is sufficient to justify **an entire theory**. Not everything needs so much data*. It depends on what you reveal and if it is a 'miracle' will not be many more. The six companions of Pau are in addition a strong **counterbalance**.

* For example, in a study of statistical correlations, if the results are not interpreted correctly, there are **always** erroneous conclusions whatever are the amounts of details involved. This is often seen in genetic studies, as I commented in "**L'exactitud a les ciències**" ("Accuracy of science")

It is unquestionable that Pau case meets all the conditions to draw conclusions **as precise** as could be done in physics, specially contrasting to the other six cases and all the clearly **different conditions**. In addition, the information taken from the 'experiment' is associated with **observable/measurable events as in any physical experiment**.

It is unquestionable that **if life would not be information, Pau would have ended like any of his six colleagues.**

Where is the **difference** between Pau and his six companions? It is in the **information**. Information is **the only** thing that makes the difference between Pau and his six colleagues. And it is also what makes the equality between these six colleagues.

The information **deficits** during almost half of pregnancy (less than 60% pregnancy in Pau case), could be **offset** by subsequent **contributions** of information. One can say: **'theorem proved', 'proven theory': life is not matter, but information.**

These facts are independent from the reader free will to accept this undeniable existence, to refuse it or to accept it (as it's "A", "B" and "C" ...) but even with the latter option of refusing it, the information will **not cease to exist...**

Returning to the example of the tightrope walker crossing a rope ("The expertise of Mariona"), it was important not to take any false step (in Pau case), otherwise it would have been a **complete disaster** (as seen on the other 6 cases).

As summary, what exchanges **of information** have been explained? We will put them in 6 categories:

- **Pregnancy.** All the babies were very premature, but Pau was a little bit more than the others. I put the percentage (%) pregnancy / gestation completed in the two groups of cases.
- **Labour.** Except for the 4 days labour of Mariona, I have no other information. It is likely that the others also had cesarean sections, and not so long new borns.
- **Imprinting (colostrum, ...),** obviously only for Pau.
- **Stimulation (skin to skin, sucking, ...),** obviously only for Pau.
- **Breastfeeding,** obviously, only Pau.
- Cultural and health **Information,** ie, whether it was the first child and the parents were a bit 'lost', or was the second and most of them were already well informed). I only have information on Pau, who was mentioned as the second case. The rest must have been in either one or the other case.

Of course all this information could be supplemented with relevant information of medical records, but it is not necessary in this case. The basic information is unambiguous.

	Info1	Iatrogenic infection	Medication	Info2	Info3	Info4	Info5	Info6
	% Pregnancy			Labour	Imprinting (Calostre...)	Skin to skin	Breastfeeding	First child?
Pau	58 - 59 %	yes	punctual	4 days	yes	yes	yes	second
others	60 - 64%	no	yes	no, or short?	no	no	no	¿...?

In the first two columns; the left one would be the **initial conditions**. In the six columns on the right there is **treatment or therapy**. The **blue** color indicates a favorable process, **yellow** or **red** is unfavourable. I have not yet rated the vaccines for the lack of data. Either way we must insist on **repeatedly proven relationship between vaccination and autism**, and many other shortcomings.

We still do not know how is the life today of the other four companions who were still alive 13 years ago, although it is reasonably conceivable that it went as mentioned above. But we do know how Pau is today (the farewell concert is a good example) even though his initial conditions were the **worst**, with **shorter** gestation, and apart from the **infection**.

Despite the initial state and subsequent circumstances, the treatment or therapy for Pau was obviously **completely** different from the other six cases. Undoubtedly, this therapy was the best possible for the 'miracle'. The only medication he received was the antibiotics to heal the iatrogenic infection already commented. The other six were subjected to **intense** medicines (including **surgery**).

It would be easy —if it was needed— to supply more-detailed information about these six cases with medical records and direct information from their parents, if they want/can, and thus, to **demonstrate the insufficiency of the scientific paradigms in course, the exclusively materials, and abir itself to other more right, the informational ones.** Or even better, if it is possible to analyse the informational factors already seen for **all cases of preterm babies** documented in Hospitals, and place them in relation with these effects (health status as a result of each case). As stated in "**Children's Rights**":

Besides investing so much money in campaigns and degenerative diseases —which are mostly a direct consequence of the bad habits of those who acquire them (like sedentary lifestyle, drugs, bad food, "stress" ...)— It is needed **long-term epidemiological studies** for the consequences of; too much medicines during new born, cesarean sections, lack of breastfeeding, indiscriminate vaccination campaign... Some of these effects are somatic (mother-son relationship, as already mentioned), or **behavioural**, that is, the **indifference** of mothers and sudden death, parental **phobia, violence** against young children, autism and the syndrome of attention deficiency.

And if we have to summarize in one single concept the cause for Pau survival being fully human, as appropriate, totally appropriate, would be the **maternal/paternal instinct**. Some instincts are manifested **much more** than the usual (pregnancy, new born, breastfeeding ...) and we should highlight the **power and significance** of this despised phenomenon —the instincts— which often have been associated with 'bestiality'.

It is said, humorously, that the hardware is what we strongly hit when the software fails. It is inevitable that someone gets the projection of our anger, even when he/she has nothing to do with it. However, informational mistakes are **not fixed or arranged** adding pieces (such as drugs, vitamins, ...).

Information can correct the mistakes of matter, because matter is **only** a support, matter can be **replaced** with other new matter, but matter **can never** replace information.

From a geometric/ **intrinsic** perspective, **information is an invariant of life, matter is simple modifiable coordinates.**

On one occasion, the parents of one of the companions of Pau asked to Mariona (to not ask directly to themselves):

"We do not know if we could have done something more"

Mariona, sensibly and carefully did not say what she was thinking. She thought that they could have done with their child as she had done with Pau. And if not everything, they could have done something more than nothing. If she would have said what she was thinking, those parents would not sustain her answer and therefore she decided not to say it.

Let me give another example: in the description of the main causes for autistic behaviour given in "**What causes autism**", before sending it to scientists like in "Love, to love" I sent it to two associations of parents with affected children, which were obviously the most directly **more interested** in the subject. Apart from a formal response saying that it was an interesting topic and that they will look at it right away, I did **not** get any further response.

As hinted in the same document, it is very hard for parents to accept that autism is not going to be heal by buying medicines or a cure diet (it makes it only weaker), and it is difficult to accept that the causes of autism could have been avoided during the pregnancy, birth and parenting:

- If they would **prevent** a succession of **medical Iatrogenicity**
- If there would be less **ignorance** from the parents.

There are always exceptions; even in cases appeared over 50 years ago. But if in the last 50 years the syndrome has been multiplied by 25, it means that today there are 25 cases of the 24 that would not happen long time ago. So it is **easy** to deduce that **24 of every 25**, at least, **could be avoided** in the future **if we avoid the causes of this brutal increase.**

For parents of children with autistic behaviour this article is shocking, since it is a negative outlook. And for the future parents, nobody thinks they can play on this lottery (a lottery for which, I repeat, one need to buy the number). That is, it seems as if the causes of autism are not interesting for anyone. But the **reality** is that only 50 years ago, only one child was born with autistic behaviours from every **2 500** babies born, now there is one in **150**.

The reader will also understand immediately that the claim to find genetic causes for this pathology —as many scientists and scientific journals claim— is a super **stupidity**: it would involve involving **some genetic mutation in the whole of the human species in the last 50 years**.

The groups that invest for autism research, of course, are the same industries that manufacture drugs (or allowances), so, to weaken and improve the symptoms. But the cause is another matter. None of these industries **will ever** research on the causes, because not only would undermine its market share but also harming the entire market. And many scientific journals with a higher impact factor need from ads, like happens with magazines, ads from those same industries.

CONCLUSION: PHYSICS, LIFE-MEDICINE AND PSYCHISM: ¿MATTER OR INFORMATION?

Pau's story is a timely and **excellent demonstration** that the "Mathesis universalis" of LEIBNIZ can give way to a strict "**Holistic theory**", fully scientific, integrating the sciences of matter, of the life and of the psyche, but only if is taken **into account the underlying-information** in each of them (quantum underlying-information the matter, genetic information, and information systems of the psyche). In summary:

- matter with energy —which is currently the basic assumption of science— **doesn't** quite explain anything,
- but, **information as manager of energy and matter explains everything**, which is, in essence, the basic assumption of the Holistic theory.

See:

- "Información o Dilatación" (<https://www.sistemaconceptual.org/pdf/InformacionODilatacion.pdf>)
[English translation by Eugene THIERS: "Information or Dilatation":
<https://www.sistemaconceptual.org/pdf/InformationOrDilatation.pdf>,

In the domain of life (the other big domain, complementary to what is inert and material), only Pau's case **illustrates widely** more than half a dozen of phenomena that can only be explained from the same premise that **life is essentially information** (information inherited from the pre-material information which, in the wrongly called 'Big bang', generated matter).

And that living matter is a simple instrument, **secondary and totally managed** by information, and the same happens to physical matter. In front of the traditional material systems **without (-S)** explicit information **(+ M, -S)**, this is information systems that:

- in life is supported by material structures (molecules and substances, like the DNA carbonated bases, proteins and **hormones** in general, like the immune system, ... **(+M, +S)**, [the information is directly supported on the matter]
- in psyche not even in this material structures, the support is directly in the **symbols/signals** of the phenomena which enable communication **(-M, +S)** through the neurological support,
- in physics, information appears **before**, with the wave characteristics underlying physical particles and the wrongly called 'substance' which makes the energy of vacuum, ... **(* , +S)** [the information is not even indirectly supported in matter, but rather in quantum-wave phenomena]

But, independently from where the support starts, the information that manages all behaviours is always the same: information. The **only** thing that changes is its support and the way in which it is coded for it to be **compatible** with this support (which is the object of study of the **intrinsic semiology**).

Analogously to what occurs in physics when we make information intervene, if we also understand life:

- as **information that manages** the matter as well as the energy that it requires;
- and **not** as matter —regardless of your complexity— that consumes energy forced by a physical or chemical laws (**biochemistry**);

the '*miracles*' in premature newborns and the misunderstandings also disappear, and they are replaced by **strictly scientific criteria** with which we should **approach the future** of sciences of health (individual and/or collective), both of our **bodies** and **minds**.

Finally, the psyche are complex information systems —as if it were the "software"— which is supported in the nervous system —as if it were the "hardware"— they are **indispensable** to understand, from the basic functions of human psychomotricity to intellectuality. Similar to a computer without the proper "software", neurology is **totally inadequate** to explain human behavior. See the detailed explanation of "[What is consciousness?](#)"

ADDENDA

TCHARKOVSKI'S CASE

Many years ago I saw a very special video on television. Some years later I was able to get it for my limited Video-library. Igor TCHARKOVSKI was a Russian swimmer. His wife gave birth to a six-month premature girl of only 1200 g. In 1960, 50 years ago, this was unavoidably a **death sentence**, close of what Pau was with only 805 g but 35 years later.

Igor was filling his bathtub with hot water and spent many hours with his daughter on his chest, the water running through the neck of both. This "skin to skin" was made **30 years before** the discovery of "garlic soup" in Colombia. The result was the same as with Pau, a completely normal girl, full of health. At that time that was another '**miracle**'.

Unlike other very-preterm infants who died, the difference here was the **information coming from his paternal instincts**, expressed by his **intuition**. Igor was used to water, he knew water (known **also involves information**). His intuition told him that if his daughter was lacking of three months of water (amniotic fluid) and mother-contact, he could replace it and perhaps this could save her. And he was right, because her daughter kept getting through "the **skin to skin**" from his father, the **stimulus, metadata**, that can guarantee/trigger the genetic dynamics of the last three months of pregnancy, **although the absence of pregnancy**.

* Embaràs i gestació és **el mateix fenomen**, però vist des de la perspectiva de dos **observadors diferents**, respectivament, la mare i el fill.

Hence TCHARKOVSKI was well known to promote also **labour new born in water***, an ancestral tradition of some cultures that was **completely lost**. Today is an **option** for many labours, and **in any case it is a safe and very efficient relaxation method**, which is very important in this intense process (stress, **relaxation is also an informational state**, not material).

* As well as other incidental and harmless eccentricities which does not detract from their **important contribution**.

ANNA'S CASE

I am indebted to Anna for the **admiration** I have for her third labour. I decided I had to explain it, trying to spread it to others. I take this opportunity, knowing that the reader will find that I am right to do so, using the same story of Mariona and Pau.

We met in late 2007 for a new born preparation sessions (in the institution 'MareNostrum'). She had to give birth before my wife, and it was followed with great expectation for the other mothers/ parents.

Why the excitement? Because she was going to deliver her third son after **two previous cesarean sections**. Anna was already **tired**. She decided to have a natural labour, to feel finally as **a wife and as a mother, without any sexist attitude** to prevent her to do so.

The effects of cesarean sections are **contraindications to post pregnancies and labours**. Not only interferes with the labour in progress and the newborn, as it has already been exposed. In "**Children's rights**" we can read briefly:

"Among other **contraindications** increases the risk of my **sudden death** (some studies say that is three times bigger), **decreased fertility** later on my mother, it can **inhibit the growth** of the following placenta and, in short, **increase the odds of miscarriage in a subsequent pregnancy** of my mother, that is, a brother of mine.* I do **not know yet** what negative effects may have on health and/ or behaviour on adults who were born that way"

* This I carefully wrote just two years ago. It is quite clear that we now have more information.

To try a natural birth after two cesarean incisions is a **heroic** deed. If you consider that even a third cesarean section is a medical risk, and the **ignorance** that life is essentially information, we could think that the attitude of Anna was recklessness of high risk.

One day the news arrived: Anna was already on labour, but after almost two whole days of delivery the newborn was not yet born. Everyone was very worried thinking of a bad outcome.

As we were going to the sessions two days per week, on the next meeting two or three days later, one of the midwives that assisted Anna came. Watching her face it was obvious the exhaustion and everyone asked her what have happened.

She had a **!4 days delivery!**, Anna had her son, with **more than 3 kg** weight and at that moment he was sucking her breast, or sleeping. Three days of contractions and dilation, and a **full day of expulsion**. The midwife came straight to tell us, even before she went to her house and after four days of almost no sleep, which explains the tiredness on her face.

Note that the height of Anna does not reach 1,60m, which gives even more emphasis on the dimensions of her third child.

The shouts of enthusiasm of those who were present was even more noisy than a year or so later the shouts of the neighbors on other side of the street when the bus bringing "Barça" (F. C. Barcelona) players passed by and the city was celebrating its historic six titles on 2009.

Concerning Anna; was she someone different than when she had her first two sons? Obviously not. And the **only difference is explained by information**, in this case **lack of information and expertise from the professionals** who took care of her first two children. The only difference in Anna was her **decision** to live fully as a woman, and not being a push over.

The midwife told us that during the long labour there were few moments in which Anna was able to come down of her hormonal cloud and returned to her natural and cultural status. At that point she was asking the doctors to not trust her on the hypothetic case that she would decide to abandon.

As with Pau, we should also add here the paragraphs at the end of historical films. I found Anna in the middle of November, almost two years later, with an impressive belly! She was expecting her fourth child. She was going to give birth from mid-December.

We made a bet that she would deliver on the 7th and that this time new born would be a piece of cake. I need to say that it was not an arbitrary choice, but a very serious commitment, so I thought quickly and carefully about the bet, as if money was involved on it and I made a study of probabilities based on the available information (including the size of her belly). She said that the labour would probably be the second half of December and that she would be happy enough if it would take one day less than the last time.

Anna gave birth on December 10th to her fourth child, a newborn with a little bit **more than 4 kg** weight, and a labour **of only 4 hours**. Some readers might think that I am inventing everything. But I am happy with the testimony of Anna, because we should understand the discretion needed by a scientific article so individualized. She went from an **eternal** labour (four days) —due to the disastrous precedent of both Cesarean sections— to only 4 hours labour. The **improvement of the efficiency is a factor of 24**.

We must insist again that despite her height, her child reached without any doubt, the maximum weight that we can expect for her size, 4 kg. That could be considered as a new '**miracle**' for some people.

Another gynecological practice, a disastrous one, is to limit the weight of babies. Certainly there are always exceptions that justify it. We always try to justify the safety of the mother, but I will only say two things:

- There is a **lack of safety** / competence of some professionals who do not have enough confidence in their own professional **skills**.
- There is an associated sexism of who do not want to give to women their **extraordinary ability to give birth**. Capacity established in the power of instincts (information (+M, +S) supported in the **relationability not yet recognized** by the genetic coding) for over **a hundred million years**.

It is evident that the **appropriate weight** for the newborn is an important **guarantee** for survival. It gives an invaluable scope in many problems. Why was Pau case so serious? apart from the short duration of the pregnancy? Why was not so serious Anna third delivery? Why it was even less serious Anna fourth delivery? Obviously the weight of 0,805 kg (and we should not forget the decrease of the critical weight that was down to 0,720 kg) compared to the 3 and 4kg respectively.

Although matter is 'only' a support for life, it is clear that **if there's no matter** to manage or if it is **insufficient, there is no life**.

Number 4 and other coincidences between Anna and Mariona (4 days labour, 4 children ..., Efficiency factors... fled from cesarean sections ...), are anecdotal. The main nexus between them is **the attitude, the maternal instincts and the information generated** in both cases.

As "homework for the weekend" I would like to ask the reader to look for what differential information existed between:

- The first two cesarean sections and the two following parts,
- As well as small differences between Anna's third and fourth child (ie, between its first and second child by natural birth).

All these data; can also be used as **objective measures** for **another 'scientific' papers?** Can they be used for papers that would scientifically explain the **contraindications** of cesarean sections and the **benefits** of information?

As I explain below, if we want to do an article for a scientific journal about Anna's delivery and about the differences between the information on her new borns, ¿what kind of **referee would understand** the currently **null scientific-informational perspective?**

LOVE, TO LOVE

Mariona (and Jordi), Igor or Anna also give rise to another possible **scientific paper**, allowing to provide, maybe for the **first time** a strict **intrinsic and objective** definition of the feeling of love, and how to love, because it can be done from a phenomenon much closer to what is tangible like "**the transfer of information**". If exist a situation that allows us to consider it, this is an excellent one.

The concept of "love" or the action of "loving" is possibly the **most prostituting** in our 'leader' civilization. As a popular saying in Spanish:

"Deeds are love, and not good reasons"

Loving a child:

- Not only thinking about them, or spending money, but sharing the most precious; **our time**.
- **Touching** them, **watching** them, and **speaking** with them about our most basic instincts and feelings ("from the heart"). To **make them feel**.
- To **listen** to their body language (their tears, their gestures and looks... what is **their language**) because most still lack the ability to incorporate much of the language agreed upon conventions of our civilization.
- Do **not** treat them like idiots, but considering them as a full person, respecting their **decisions and their demands** like any other adult.

- Not to put a pacifier in their mouth when they are crying (which is how you put a **stopper** so he would **not** try to interact with others and more specifically trying to satisfy their **viciously** instinct to suck to feed themselves and to communicate), even less do not try to buy and give the most expensive 'milk'.
- **Breastfeed** and **offer your skin** (either the mother or the father, as they have been nine months in contact with their mother).
- Do not buy a fancy stroller to position them in it, but take them on your arms and/or **very close to your body**.
- Not to assign the **loneliness and terror** of a spectacular baby-bed in a larger room away from us (for being quiet), but make them feel even when we are sleeping together, and cherish them when they are 'restless and / or awake.
- Etc.. Etc.. Etc. (see over a **more of hundred** criteria outlined in "**Children's rights**").

And to start with, we should avoid as much as possible the cesarean section, carrying a **responsible pregnancy** focused in a **dignify labour**, that is a natural labour that keeps with the **dignity** that any human being deserves.

To generalize, to **love is to transfer them humanity**, and humanity is nothing more than **high-level information**.

Mariona (and Jordi), or Igor, or Anna have far more loved their children and with tangible/**observable** facts as in any physical experiment. It is an objective fact **as in any other experimental data** of a scientific article. Not less because one has work harder and longer but because in both cases love is the **attitude**.

The maternal instinct is the basic concept that saved Pau and made him a full human being, it could be expressed from another perspective with the term "**love**". If there are valid studies with relevant articles (and there are **thousands** of them) to determine which medicine cures which syndromes, **it is even more valid** than the maternal instinct and love of Mariona save his son and made him a full human being.

The TCHARKOVSKI's case adds an additional perspective. If anyone could see the video, would see a strong man, decided, with a good handling for children (as a juggler, but also with **delicacy and sensitivity**) with a lot of features clearly **masculine**. Loving a child **has nothing to do with sex**. Repeatedly getting into the bath with her daughter for three months was an **act of love** as a result of the **parental instinct** and intuition like Mariona or Anna. The same instinct, but in this case would be paternal. As the **unconditional support** of Jordi, another **important factor** in this extreme case.

The "skin to skin" is nothing else but the **manifestation of the maternal/ paternal instinct**, with the consequence of **providing stimulation/ information for a full life**.

And in Anna case, her **maternal instinct** made her last two children born **much healthier, much more human**, in contrast as how they would have been if they would have been born as the previous two.

So what are the specific scientific/ empiricism of the above conditions? In the **exchange of information** that they represent and the consequences that implies for the future human being. **Clear and objective** consequences such as Pau survival and the fact that today he has become an excellent normal person. As clear and objective as what happened with his other six colleagues.

Science is characterized by the prediction of effects, and in this case, the **effects that make love**. What is a better prediction than this one (the 'miraculous' effects in Pau), with the prediction of the opposite face (his six colleagues)?

ABORTION

We can **not** only speak life or death. When speaking of **human life** we must speak of **quality of life**. A plant, such a lettuce, is alive, but obviously that is not human life.

To give life is not only the labour of new born. At birth we **only** provide the support for life, but we are **not necessarily** contributing to a human/ quality life because it **relies** on the information we **added** to that support. Abortion —even more during the first three or four months— **is not killing a human life** but to accept that we **cannot provide all the information required by human life**.

Even when everything goes in favour, to raise a child requires a **lot of time and effort** from the parents (not from anybody else, **we cannot subrogate** this task). **You cannot have children like rabbits**, we lack the most important part; time. Nobody forces us to have kids. If you do not want or cannot, or you are not able to have a child properly, a fully human child, you are always on time to avoid it (**prevention** being more desirable, or **interruption** if there is no other choice) when he/she is still not human because it exists only a material support.

How can we talk about human life **if we deny** the psyche? How can we talk about human life if science still **reduces** psyche to the only neuronal support, the brain. Just watch the constant news about the big 'scientific' discoveries about the brain, but almost never about psyche. That's why at the end we do not learn anything new, we just get more knowledge/ applications **to improve symptoms, not to resolve the causes**.

There is no doubt that abortion is a **very sad**, but **an unwanted/ uncared baby** is much worse, it is a **crime**. Deny information to a baby is to kill the essence of human life. As is:

- Denying him a **natural labour**, doing a cesarean section that is not absolutely necessary,
- Deny **breastfeeding**,
- Denying him/her "**the skin to skin**" and insulate them and/or deny the **closeness** of their parents,
- Deny any **communication** with us (for example, **putting** a pacifier in his mouth).

All these **contributions** are, bigger or smaller, an **unjustifiable** crime (as **we demonstrated** with the extreme circumstances of Pau companions), because it makes a child **less humanized**.

A woman is free to do what she wants with her body, but if you decide to have a child, the child is intended to be **another** person, a **human autonomy**. We cannot decide unilaterally about another person, we cannot state a **negative** life. Children must be taken **as any human being deserves**. I will summarize with a translation/ adaptation of a poem by Kahlil GIBRAN in "The prophet" (in a adapted/ recreated translation):

On Children

Your children are not your children.
They are the sons and daughters of Life's longing for itself.

They come through you but not from you,
And though they are with you yet they belong not to you.

You may give them your love but not your thoughts,
For they have their own thoughts.

You may house their bodies but not their souls,
For their souls dwell in the house of tomorrow,
which you cannot visit, not even in your dreams.

You may strive to be like them,
but seek not to make them like you.

For life goes not backward nor tarries with yesterday.

You are the bows from which your children
as living arrows are sent forth.

The archer sees the mark upon the path of the infinite,
and He bends you with His might
that His arrows may go swift and far.

Let your bending in the archer's hand be for gladness;
For even as He loves the arrow that flies,
so He loves also the bow that is stable.

Kahlil GIBRAN, "The prophet"

It is a **cynical behaviour** to be against abortion but to **not worry** about breastfeeding. It is also cynical to be against abortion but to **not worry** about the harmful and unnecessary caesarean sections. Etc...

It is a cynical behaviour for many reasons, including the ignorance or **lack of solidarity** with the social and natural environment, because both have **limited** resources. Life has always been a **complex balance**, so in a limited environment (in our Planet) we cannot impose a type of life at cost of the rest. **Overpopulation and economic growth** —with the consequences of pollution and energy lost— are **real and serious problems**, in opposition of a voluntary abortion.

About the essence of life:

- Between an ovule and a baby there **is not much difference**. Many women are not even aware about their pregnancy until the third month or more, and it's only deducted from amenorrhea. Until the fifth month the unborn-baby has not grown the neurological system to start evolving the **human psyche** and the early interactions with the mother;
- But from a few months pregnancy to an infant **minimally** autonomous and **humanized** (two years), there is **a big step**, an **abyss of love and information** transmitted by the parents (especially mothers) during many months (since the last months of pregnancy when the unborn-babies start the **interaction** with their mothers and begin to humanize themselves). The example of Mariona with Pau and the contrast with the other six babies is a **good example**.

So, if an unborn-child is equal to a human life, should also be an ovule.

With the **same** 'logic', the movements anti-abortion that justify the criminalization of it, should also force women to have children continuously, because their ovules are already half of a human being. Or they should forced men to have sex for the same.*

* Basically, this **absurd** 'logic' is taught by the Catholic Church to the parents: the **sin** of sex is **only** to have children.

It is **not** an inconsistent idea; the **only** disproportion is to **reduce human life to matter**, to a certain amount of cellular material/ to biochemist. Human life should be measured by its quality **never** by its quantity. For the same ridiculous 'logic' explained above, we should not kill any animal, because even the calf that is carried to be killed, have life, as much human life (ie, feelings and emotions) than an unborn child.*

* Finally, regarding the previous section "Papers from 'Scientific' journals" we are discussing an informational approach and in consequence **objective** from the abortion. **What scientific journal could be assigned?** As mentioned, someone would suggest computer science ... It is clear that nor medicine neither biology, chemistry, physics... Maybe in a journal for animal behaviour... It is clear that the journals of ethics, morals, religion, philosophy, sociology... have nothing to do with science; those journals would not be objective for this approach.

PAPERS FROM "SCIENTIFIC" JOURNALS

The **first** difficulty when somebody is trying to publish an article in a scientific journal is to prove that life is information [and not biochemical matter], and love is part of it, it is necessary to first explain the "**Global model of psyche**" to frame unequivocally:

- What is an instinct?,
- What is a feeling? (More specifically, what is intuition? What is consciousness?, What is intelligence?, Which are emotions like love?)
- What is "thinking"? (More specifically, what is knowledge? What is the reasoning?)
- Etc.. Etc.. Etc..

and **relate** them unequivocally (how are they generated from each other?, what they have in common and what differ?, etc.). to know **what is and what is not** each of them. I must insist that I had writing **two hundred pages** to explain this model in detail to "**What is consciousness?**", "**What is intelligence?**" and "**The Kerigma of thought: the structuring of thought and knowledge**".

You cannot talk about a phenomenon —to love is a phenomenon like any other— **in isolation**, like it was a heavenly apparition. It must **be framed within the global facts and linked** with other phenomena.

But even if psychology exists, this model is not even studied. Even less in science, because it is ignored that psyche only studies the brain. This is their basic support. And with this support we cannot understand anything: in a book, the less important is the kind of paper used, what matters is to know how to read and understand the text and to access to its information.

As I mentioned at the beginning of "the **Anachronism**" of scientific journals, I will justify it briefly, exposing the **second** difficulty which brings a **very important** question. All articles, scientific or not, are logically sequenced. What does that mean? It means that they are a lineal and **one-dimensional** representation even though they are in the papers of life. Luckily, the paintings, schemes, diagrams, draws, etc **improve** their representation. It is a frame **against the excellence** of the human knowledge which is related and based on the **third dimension**.

- Why is it sequenced? By definition. Because the sequences are the **essence** of knowledge. (see "**The Kerigma of thought**", and "Les relacions del llenguatge" ([The language relations"] <https://www.sistemaconceptual.org/pdf/Relacions.pdf>, ...
- Why are in three dimensions? Because knowledge **comes from the psicomotricity**. It is a very strong property adapted to space, to the 3D. (see "**What is consciousness?**")

It is important to add that the latest "E-Books" have not been able to escape from the same **trap** created by the support of papyrus 3000 years ago, which was compulsory before but not now! It is not known how to do the **re-engineering** allowed by informatics. We can make a virtual book (the actual paper), **but we cannot make virtual contents** (knowledge). You can see a thought that I have tried to reveal for long time (in my web):

"If computers can **manage** virtual structures like our brain, if it is already known that there is **no pages or lines or words or letters** inside our brain. Then, why in computers **keep** using pages, like webpages, or e-books, which was used in the **past** (millions of years ago!)"

I already talked about the book "The Secret Life of a child before birth". It is noteworthy that being the second author a journalist, it makes the book a better **communicator**. If the reader has already read it:

- Do you think it would be publishable as papers on a scientific journal? Obviously not, that is the reason it was published as separate books;
- Do you think that has less factual information than an article in a scientific journal?, Of course not, vice versa, as I mentioned before this is a book required to read, because it carries more criteria, **more scientific information**, objective and useful information than hundreds or thousands articles from gynaecology journals or neonatology and paediatrics; much more criteria and information than many institutional protocols and recommendations of some professional associations*;

- Why VERNY wrote it with a journalist? To be **understood**, because it was **not** described with a sequential format, **nor** divisible or normalized [without "rules"], nor ...

* If the reader wants even more convincing arguments, I suggest reading the comments on the AAP to "Psychomotricity, autism and sudden death. Tribute to Emmi PIKLER: instincts (and information) again" to "[Children's rights ... 2009](#)".

Is VERNY's book scientific or informative? First, this is something that does not detract from one other, because, in this case, the disclosure is scientific. It is simply a scientific book written in an understandable way as any scientific document should be written. Unless the problem would be an author who does not understand enough of what he is talking about, he does not know what consequences / utilities has, or what other knowledge is intimately related. The different formats of scientific journals are an extraordinary refuge for "ignorant-scholars", the "fachidioten" 'in German, "Idiot of Métis" in French. There is no place here, but it is recommended that the reader knows the 'affaire' caused by SOKAL (and BRICKMON) explained in "[What is consciousness?](#)" and "Classificació i recuperació ..." ("Classification and recovery ...") (<https://www.sistemaconceptual.org/pdf/Classificacio.pdf>,

For those **who understand what you read** (TCHARKOVSKI did not need to read it), VERNY's book is **so scientific that predict** what could save Pau and what could condemn his six colleagues thirty years ago! (Fifteen before Pau was born). And science is for nothing else than this: **predicting behaviours**. Everything else is nonsense. The reader can be sure that if Pau case and his six companions would have been known, Verny and Kelly would have done a second book **infinitely more entertaining and better written** than the document you have on your hands.

And the **third** difficulty is to decide what type of magazine; Psychology? Medicine? Computer science? Interdisciplinary magazines?

I guess if the reader is familiar with these magazines, will have already sketched a smile to know that non referee would **understand** an article about love (as VERNY's book)*. Information is still **lacking** in science as a result of something as simple as means for transmission of scientific and cultural knowledge and/or as elements managed in computers, **far from being the manager of all natural behaviours**.

* From another perspective, if the reader knows the libraries world, the problem would also be in any of them, VERNY's book (or the article of love): Where can be classified in agreement of the **absurd** standard/protocol of the **UDC**? As a medicine paper is too ambiguous. In obstetrics or neonatology would exclude one or the other, or even worse, it would exclude psychology. Someone might propose computer science from the perspective that is where the information is ... That is the problem of dealing with **one-discipline** detailed in "[Classificació i recuperació](#)".

It was said, ironically / strongly, by Mandelbrot already cited in "reflection absolutely necessary ...". That is, whatever we are not able to explain, science or more strictly "scientific community" (with their censors) will remove it —one less problem— saying that is not science. It is popularly expressed with the saying "who cannot reach them, says that they are green", taken from J. de la FONTAINE ('*Le Renard et les Raisins*').

As I express in the beginning of the Web:

"The biggest inconsistency is human civilization is: the **contrast** between the great knowledge of the phenomenology outside ourselves and zero knowledge of our own internal cognitive phenomenology, which allows the previous external knowledge"

Reality is out there none the less. Reality is not trivial. In addition, its cognitive representation **cannot** be done trivially, because it would be **insufficient** and, moreover, would generate all kinds of **misunderstandings**. We need a methodological representation **proportionately powerful, unmistakable**. Initially it may seem as an easement but immediately can be seen as the best investment for short and long term understanding and learning.

