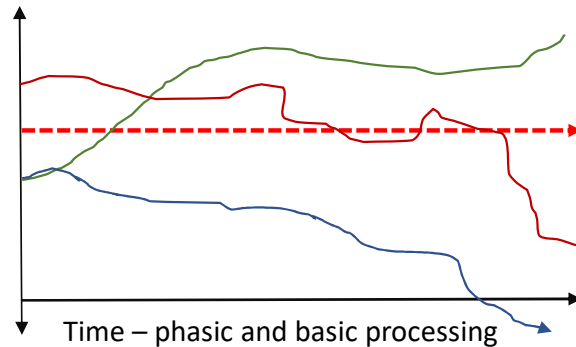


# ARE THERE AN DYNAMIC INTERPLAY BETWEEN PLACEBO/NOCEBO AND QUANTUM COHERENCE/DECOHERENCE OF RELEVANCE FOR HEALTH/UNHEALTH DEVELOPMENT?

Functionality/freshness/-  
health/quality of life  
**Placebo\*** increase up  
**Nocebo\*\*** increase (down)  
Dysfunctionality/ill/unhealth  
and reduced quality of life  
  
**Death**



**Quantum coherence**  
optimal/normal  
"0" More or less, variation between and within  
individuals over space and time


**Quantum decoherence**  
optimal/normal

How do you create quantum coherence?  
Quantum coherence of an arbitrary qubit state can  
be created at a remote location using maximally  
entangled state, local operation and classical  
communication. However, if there is a noisy channel  
acting on one side of the shared resource, then, it is  
not possible to create perfect quantum coherence  
remotely. <https://arxiv.org/abs/2103.04894>

\* Placebo refers here to more positive life-  
style biopsychosocial-cultural systemic  
development and not yet well understood  
pre-cognitive (in the older parts of our  
brain), preferably non-consci-ous processes  
– believe independent of the origin of the  
believe

Nocebo refers to the opposite of placebo, so  
destructive, dysfunctional multi-ethnic  
society-cultural systemic development and  
not yet well understood precognitive (see  
above), preferably non-consci-ous processes –  
believe independent of the origin of the  
believe!

Basic and phasic processes relating to long term and short term process where e.g. postprandial inflammation (PPI) are dynamic temporary impact effects of destructive (nocebo, increased decoherence???) To be identified!) content in the food you ate (0-3-5 hours after the meal). Each PPI affects step by step destructive not constructive basic development given processes dominates! However, we can adapt to PPT as we do not notice the small destructive development processes (which may be eclipsed by a positive psychological attitude in general and/or specific, something which should not give rise to less favorable conscious attitude but well be a must that we can take into account through various measures — more at another place – where?)

More info in the running text memo attached to these images! The next picture shows my summary of suggested manual “patient as a reasonable competent resource (educated by us) resource and coworker in own rehab” (from my dissertation 1986. title refreshed 1987,  1983-> a toolbox for individual tailoring, we teach, train and encourage since 1993!