Quantum-Biophysical-Semeiotic Guide Lines in the Management of Prostate Adenoma.

(*by Sergio Stagnaro**)

General Practitioner is essentially competent in managing patient with prostate adenoma. Numerous researches, performed in the course of the last years with the aid of Quantum-Biophysical Semeiotics in the patho-physiology and development of prostate diseases (1, 2) (http://www.semeioticabiofisica.it) have allowed me to formulate original guide lines, summarized later on, really adequate, effective, easy and fast to apply, surely useful to both doctor and patient involved by benign prostate adenoma (BPH).

Firstly, it is necessary to underline that the patient with BPH, in its early stage or in whatever stage as regards the biophysic-semeiotic classification, of course, (1) can present with Oncological Terrain, and with or without "real risk" of prostate cancer (2) (See above-cited website). Therefore, the doctor can today subdivide the patients with adenoma of the prostate in four groups:

A) patients with oncological Terrain and overt prostate cancer;
B) patients with oncological Terrain and "real risk" of prostate cancer;
C) patients with oncological Terrain, but without "real risk" of prostate cancer;
D) patients without oncological Terrain.

This original classification, based on the quantum-biophysical-semeiotic phenomenology, has favourable practical consequences on modifying properly present therapeutic behaviour.
In truth, the typical clinical symptomatology of BPH follows for decades the quantum-biophysical-semeiotic (1).
In fact, classic signs and the symptoms of prostatic disorders are present only after a lot of time from the onset of quantum-biophysical-semeiotic phenomenology, of which the first stage is represented from the "inherited real risk" of prostatic disease (adenoma and/or cancer), characterized initially, in the former, by one limited area of microcirculatory activation, dissociated, type III, intermediate, in a prostatic lobe (1, 2, 3, 4) (V. http://semeioticabiofisica.it/microangiologia.it).

Subsequently, in the natural history of prostate adenoma, microcirculatory activation dissociated type II, intermediate, appears always accompanied from the worsening clinical symptomatology, correlated with the pathological biophysical-semeiotic patterns, elsewhere fully described (1). Once recognized the BPH, starting from its early stage, the doctor firstly has to classify precisely the patient's disorder, that is, answering exactly following question: "This patient with BPH in stage X is positive to Oncological Terrain".
If the answer is affirmative, the second question sounds: "The real risk of cancer does exist and in which prostatic lobe or overt tumour is there already present ".
Obviously, if D Type of the suggested classification is present, i.e., in absence of "clinical" predisposition to the cancer, based on a particular functional mitochondrial pathology, genetically transmitted from mother (1, 2) (See first above-cited site: Oncological Terrain), or in case of patients of C type, the doctor prescribes to the patient the well-known therapy currently available and the diet etimologically speaking, controlling patient regularly.
Doctor's behaviour must be identical in the case of patients, positive to the Oncological Terrain, but enlisted in the B Type, that is, involved exclusively from real risk of cancer, that today's sophisticated and expensive semeiotics are "not" able to recognize.
Naturally, patients with advanced BPH (III and IV stage), a part from the type of classification, must be promptly addressed to the urologist clearly indicating the precise type of BPH classification!

In the patient affected by BPH, even in initial biophysical-semeiotic stage, but involved also by Oncological Terrain with "real risk" of cancer in a prostatic area or, rarely, in more limited zones of the gland (B Type on the suggested classification), doctor must recognize location and intensity of the lesion, both benign and malignant, unavoidable in its therapeutic monitoring, and to do as illustrated in following.

The patient with BPH and Oncological Terrain with the sole "real risk" of tumor (B Type) must immediately undergo to therapy against the prostatic adenoma, associating also the proper diet and Melatonin, conjugated with Adenosine and Glycine, according to Di Bella-Ferrari. Such as Green Therapy, reducing to the "latent" variant the Congenital Acidosic Enzyme-Metabolic Histangiopathy, a mitochondrial citopatology, *conditio sine qua non* of the most common and serious human diseases (1, 2, 5), provokes the successive disappearing of the Oncological Terrain (in truth, it is transformed into the residual, "latent", NOT pathological variant form, as elsewhere described, recognized at the bed-side with Biophysical Semeiotics) (2); doctor can diagnose clinically this condition of the real risk of cancer, with the aid of stress-tests, like the acute insuline secretion peak test, the secretion test of endogenous GH-RH, methodical procedures really efficaccious in recognizing sub-clinical pathologies (2, 5).

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Finally, doctor has to send patients involved by adenoma "and" prostatic cancer (Type A), independently from the stage, registered properly in any case, to urologist in order to undergo investigations by means of sophisticated semeiotics, that - it is necessary to remember it - not always succeed in demonstrating prostatic cancer, independently of its stage. General Practitioner plays a pivotal role in the management of these patients and has the responsibility to require "total" prostectomy in the cases tipe A, that proved to be curative of the BPH as well of the prostatic cancer, recognized in the post-operative biopsy.

References.

1) **Stagnaro-Neri M., Stagnaro S.**, Microangiologia clinica della ipertrofia prostatica benigna. Ruolo patogenetico delle modificazioni del sistema microlovascolotessutale valutate con la Semeiotica Biofisica. Acta Cardiol. Medit. 14, 21, 1986.
2) **Stagnaro Sergio, Stagnaro-Neri Marina**. Introduzione alla Semeiotica Biofisica. Il Terreno oncologico". Travel Factory SRL., Roma, 2004. **http://www.travelfactory.it/semeiotica_biofisica.htm**
3) **Stagnaro S., Stagnaro-Neri M.**, Le Costituzioni Semeiotico-Biofisiche.Strumento clinico fondamentale per la prevenzione primaria e la definizione della Single Patient Based Medicine. Ediz. Travel Factory, Roma, 2004. **http://www.travelfactory.it/semeiotica_biofisica.htm**
4) **Stagnaro S., Stagnaro-Neri M**., Single Patient Based Medicine.La Medicina Basata sul Singolo Paziente: Nuove Indicazioni della Melatonina. Travel Factory SRL., Roma, 2005. **http://www.travelfactory.it/semeiotica_biofisica.htm**
5) **Stagnaro S., Stagnaro-Neri M.**, La Melatonina nella Terapia del Terreno Oncologico e del "Reale Rischio" Oncologico. Ediz. Travel Factory, Roma, 2004.

*) Dr. Sergio Stagnaro Specialist in Blood, Gastrointestinal, and Metabolic Diseases.
Researcher in Biophysical Semeiotics.
Via Erasmo Piaggio 23/8 16037 River Trigoso (Genoa)
dottsergio@semeioticabiofisica.it