'CLASSICAL', 'VARIANT' AND 'QUANTUM ENTANGLEMENT' BASERGA'S SIGN

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Introduction

In Quantum Biophysical Semeiotics literature we can find 3 different types of Baserga's Signs. The aim of this short article is to clarify the theoretical meaning of each Sign and the QBS methods to detect them. The Classical Baserga's Sign (CB Sign) is useful for the QBS diagnosis at the bed-side of Iron Deficiency by means of assessing bone-marrow endogenous erythropoietin.

The Variant Baserga's Sign (VB Sign) is indicated for the clinical diagnosis of Lung Cancer, even silent, and of its Inherited Real Risk.

Finally, the Quantum Entanglement Baserga's Sign (QEB Sign) is helpful for a quick diagnosis of Lung Cancer and its Inherited Real Risk, just in one second, taking in account the quantum features of the behaviour of biological systems.

1. Classical Baserga's Sign: bedside QBS diagnosis of Iron Deficiency

Doctor utilizes usually laboratory data in presence of one clinical overt "anaemic" iron-deficiency syndrome in order to obtain information on the iron blood and tissue level (sideraemia, serum ferritin, transferrin, a.s.o..) and, less frequently, on the tissue deposit iron. In fact, the study of the iron-kinesis to all the body, the determination of the enteric iron absorption, the histochemical appraisal, a.s.o., are of difficult practical performance in everyday practice (1-5, 7). However, certainly more frequent it is the "non anaemic", asymptomatic or pauci-symptomatic, Fe-deficiency syndrome, preceding for a long time the clinical manifestations, e.g. in the young women in pubertal age and old persons (1-5, 7).

QBS allows doctor to bed-side assessing , in indirect but quantitative way, by means of the search of numerous signs and syndromes (not reported here also for space reasons), the "functionally" active iron of various tissues: rethycolo-endothelial System , sensory and motor nervous fibres (Sensory and Motor Neuronal Evoked Potentials), central nervous system, histangium of smooth and skeletal muscles, skin and mucosae, as it demonstrates clinical and experimental evidence (apnea- test) (5, 6).

In fact, Fe is an element that takes part to the constitution of Fe-S-proteins and cytochromes, important structures of the mitochondrial respiratory chain. It's well known that clinical phenomenology of alteration of red-ox processes precedes the sideropenic microcitic anaemia, for a long time, which is not always present, sometimes for along period of time. The biochemical, metabolic modifications and alterations of tissue pH, typical of the Fe-deficiency syndrome, are observable and evaluated with the aid of the Biophysical Semeiotics, obviously beside those of underlying clinical disorders when present (1-5, 7, 8).

This article aims to describe a QBS sign, the 'Classical' Baserga's Sign*, that, independently of the gravity of the present values of the plasma iron and/or of tissue deposit, it allows rapidly to recognize and to evaluate the deficiency of functional active Fe, beside monitoring the iron therapy.

Method.

The physical bases of Auscultatory Percussion, upon which Biophysical Semeiotics is founded, have been already fully described in previous article. The Auscultatory Percussion of the stomach, unavoidable in order to recognize the Rethyculo-Endothelial System Hyper-function Syndrome (RESHS), Neuronal and Cerebral Evoked Potentials (NEP and CEP) and naturally 'Classical' **Baserga's Sign,** described later on, is illustrated clearly in the Fig.1
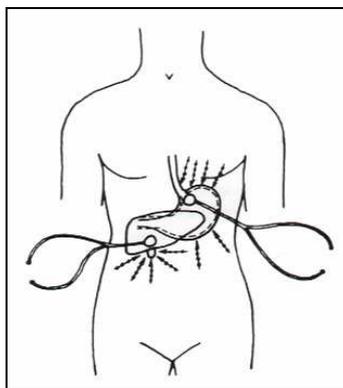

Fig. 1

In the figure the proper position of the bell-piece of stethoscope is indicated; it's necessary in applying Auscultatory Percussion of the cardias, angle of His: the fundus and body of the stomach and the low esophagus, that allow assessing LES functions. Digital percussion, applied gently and directly over the skin along radial or parallels lines, begins away from the stethoscope.

Physiologically, lasting skin pinching, at the level of the III, IV, V thoracic dermathomeres to dx and/or sn, cause dilation of the related oesophageal tract, for duration of 10 sec. exactly, while during apnea- test, after about 4 sec. from the beginning of the stimulation of oesophageal trigger-points, the dilation appears, followed by clear oesophagus contraction in the same area, after a time < 10 sec.

On the contrary, in case of Fe deficiency, skin-oesophageal reflex is characterized from one oesophageal dilation < 10 sec. in inverse correlation with the severity of underlying iron deficiency: for instance, the duration results of 8-9 sec. in the light disorders, when sideraemia is still in the low normal values, and, therefore, from oesophagus-spasm with expansion to mount (biophysical semeiotic sign of Plummer-Vinson). In the test of the apnoea, moreover, in which the subject to examine she does not breathe for 5-10 sec., the correspondent to the stimulated dermathomere and the expansion to mount appear quickly oesophagus -spasms in the segment (and up-stream) even in not severe cases. Analogous result Doctor observes the same events in the deficiency of iron so after QBS preconditioning (= repetition of the manoeuvre after an interval of 5 sec. exactly: in healthy, the values improve clearly.

By contrast, in the martial deficiency they worsen. The reduced endocellular levels of energy accounts for the reason that the greater responsiveness of oesophageal muscular fibres (See later on), as it demonstrates the above-referred experimental evidence with apnoea test. Beside the characteristic skin-oesophageal reflex, in biophysical-semeiotic diagnosing iron-deficiency syndrome a particular attention deserves, between the other signs, 'Classical' Baserga's Sign.

Evaluation of biological activity of endogenous Erythropoietin: 'Classical' Baserga's Sign.

It's an original clinical tool of rapid and simple performance, to add in the common objective examination because of its singular reliability and rich of information. Firstly, doctor has to evaluate the Rethyculo-Endothelial-System-Hyperfunction Syndrome (RESHS) (=mean-intense digital pressure applied on the mean, central, line of the sternal body and/or the iliac crests; basal latency time of the Gastric Aspecific Reflex = 10 sec. Secondly, doctor brings about kidney decongestion by means of skin kidney reflex, pintching intensively the related skin trigger-points (VI-VIII thoracic dermatomeres), right or link, for 15-20 sec.

In health, the latency time of RESHS in the second evaluation appears lowered to 6 sec. exactly, due to the e stimulation of the specific bone-marrow receptors by erythropoietin, provoking physiologically micro-circulatory activation, type I, associated.

On the contrary, in iron-deficiency there is no reduction or, if present, it is not significant because of the fact that bone-marrow erythropoietin receptors do not react, characteristic behaviour of the iron-deficinecy syndrome.

Interestingly, the reduced value of latency time is inversely correlated with intensity of Fe-deficiency: Sign of Baserga 'Classical'.

In a long clinical experience, it proved to be an useful sign in the daily practice, in both bedside diagnosis and in therapeutic monitoring (5, 6). In this paper, other numerous and interesting signs are not reported, like those of Clinical Microangiology, because they can be understood by skilled readers.

2. Variant Baserga's Sign: Clinical diagnosis of lung cancer, even silent, and its inherited real risk

Baserga's sign is useful in bed-side recognizing iron-deficiency syndrome. In fact, due to iron deficiency, erythropoietin can not stimulate bone-marrow, as it happens in healthy, provoking the 'Classical' Baserga's sign.

In lung cancer (5 cases of adenocarcinoma), I observed recently the Baserga's sign: I named it "modified". Really, I suspected that stimulating skin trigger-points, related to lung cancer, by digital pressure, could provoke the output of erythropoietin-like, tumour products, which in turn stimulate bone-marrow.

According to Max Borne, a new theory must be "mad" enough to be true.

In health, mean-intense digital pressure, applied on skin projection area of diverse lung lobes (i.e., stimulation of pulmonary trigger-points), brings about Gastric Aspecific Reflex after exactly 8 seconds (see Table 1) of latency time (Lt), whereas the basal latency time of Rethiculo-Endothelial Syndrome Hyperfunction (RESH) (2, 3, 4) (See in web-site, http://www.semeioticabiofisica.it, Appendicitis) persists identical, under the same condition, when the stimulation of lung trigger- points lasts about 15 seconds. In fact, the Lt of sternum-aspecific gastric reflex, i.e., RESH (mean-intense digital pressure applied upon the middle line of sternal body, and/or iliac crests) persists identical to the basal one: Lt 10 seconds., also after stimulating the trigger-points of healthy lung for about 15 seconds (Table 2).

On the contrary, in case of lung cancer "real risk" and overt lung cancer, under the same condition (mean-intense digital pressure, applied precisely on disorder skin projection area, lasting about 15 sec.), I observed a significant reduction of RESH Lt, lowering from 10 sec. to 6 seconds (Table 2). In addition, in presence of lung cancer "real risk", interestingly, basal Lt of lung-aspecific gastric reflex may result normal (i.e., 8 seconds) but reflex duration is pathologically more than 4 seconds, and finally appears the tonic Gastric Contraction, absent under physiological conditions (Table 1). In presence of overt lung cancer, even in initial stage, latency time lowers significantly (NN = 8 sec.), reflex duration is incresead (more than 4 seconds), followed, without delay, by "pathological" tonic Gastric Contraction (tGC).

In my opinion, such as QBS signs are worthy of attention, although further investigations are necessary. In fact, what referred represents a paramount clinical tool in lung cancer primary prevention as well as in the war against pulmonary malignancy.

3. Quantum Entanglement Baserga's Sign: Quick clinical diagnosis of lung cancer and its inherited real risk

Under the above mentioned conditions, and following the method od Auscultatory Percussion of the stomach, based on Quantum Biophysical Semeiotics principles, "intense" stimulation with digital pressure applied upon any projection area of diverse lung lobes (i.e., stimulation of pulmonary trigger-points), increases ATP, Vibratory Energy, synthesis. As a consequence, such as energy partially transforms itself into Information Energy, according to Paolo Manzelli, originating the condition of simultaneous response in related remote biological system, the typical phenomena of quantum entanglement.
In a few words, under the above illustrated experimental condition, in health, mean intense stimulation provokes a Lung-Gastric Aspecific Reflex after a Latency time of 8 seconds.

On the contrary, if the stimulation is "intense", in health, the reflex does not appear "simultaneously", but after a Latency time of 16 seconds, as during preconditioning: **negative Quantum Entanglement Baserga's Sign.**
Interestingly, in individuals involved by lung cancer, even silent, or by Inherited Real Risk of lung cancer physician observes, "simultaneously" at intense stimulation of lung trigger points, a Lung-Gastric Aspecific Reflex. Reflex intensity results less than 1 centimeter, paralleling the seriousness of underlying disorder: **positive Quantum Entanglement Baserga's Sign,** followed by a tonic Gastric Contraction.

Conclusions

The 'classical' Baserga sign is useful to detect the iron deficiency of a subject. Due to iron deficiency, erythropoietin cannot stimulate bone-marrow, as it happens in healthy. QBS clinical and experimental evidences show that stimulating skin trigger-points, related to lung cancer, by digital pressure, this could provoke the output of tumour products, which in turn stimulate bone-marrow, at the moment partially suppressed in its function.

For the above mentioned reasons the 'variant' or 'modified' Baserga's sign has been introduced for the diagnosis of lung cancer and its inherited real risk. Both in health and in a subject with inherited real risk of lung cancer the Latency time related to 'variant' Baserga's sign is of 8 seconds, therefore in order understand if there is or not an Inherited Real Risk of tumour, there are 2 ways: the preconditioning and or the 'quantum entanglement' Baserga's sign.

Lung - Gastric Aspecific Reflex (Lu. G. A. R.) light-moderate digital pressure on any lung lob – (lung trigger points)

Moderate digital pressure Latency time (Lt) in seconds Variant Baserga Sign (VB)	Intense digital pressure Latency time (Lt) in seconds Quantum Entanglement Baserga Sign (QEB)	MFR in seconds	tCG (tonic Gastric Contraction)	Diagnosis
Lt = 8	Lt = 16 Negative QEB Sign	3< MFR <4 normal MFR, associated activation, outcome +	**Negative tonic Gastric Contraction - tCG**	Health
Lt = 8	Lt = 0 Positive QEB Sign	MFR = 4 compromised MFR, dissociated activation, outcome ±	**tonic Gastric Contraction - tGC** - local autoimmune syndrome - accompanied by gallbladder - and splenic contraction - decongestion: **positive tCG**	Inherited Real Risk of Lung Cancer
7<Lt <8	Lt = 0 Positive QEB	4< MFR≤ 5 growing compromised MFR, dissociated activation, outcome ±	**tonic Gastric Contraction - tGC** - local autoimmune syndrome - accompanied by gallbladder - and splenic contraction - decongestion: **positive tCG**	Lung Cancer Inherited Real Risk in evolution
Lt≤7	Lt = 0	MFR>5 absent MFR, dissociated activation,	**tonic Gastric Contraction - tGC** - local autoimmune syndrome - accompanied	Overt Lung Cancer

	Positive QEB	outcome –	by gallbladder - and splenic contraction - decongestion: **positive tCG**	

Table 1. Legend: MFR (Microcirculatory Functional Reserve); Lt (Latency time)

SISRI - Gastric Aspecific Reflex (SISRI. G. A. R.)   mean intense digital pressure above the sternum midline or iliac crest or spleen projection of the spleen– (SISRI trigger points)

Latency time (Lt) in seconds	MFR in seconds	SISRI (hyperfunction syndrome of lattice endothelial system)	Trigger points	Diagnosis
Lt = 10	3< MFR <4 normal MFR, associated activation, outcome +	Spleen decongestion	Sternum Iliac crest Spleen	Health
Lt < 10 [Lt = 3]	MFR > 4 compromised MFR	Complete SISRI	Sternum Iliac crest Spleen	Infection by Positive GRAM (i.e. mumps) [Overt cancer]
Lt < 10	MFR > 4 compromised MFR	Intermediate SISRI	Sternum Iliac crest Spleen (less)	Infection by Negative GRAM (Neisseria Meningitidis, Haemophilus Influenzae, Escherichia coli and Helicobacter pylori)

Lt < 10	MFR > 4 compromised MFR	Incomplete SISRI	Sternum Iliac crest	Incomplete SISRI (i.e., virus infection)

Table 2. Legend: MFR (Microcirculatory Functional Reserve); Lt (Latency time)

* In memory of Prof. Angelo Baserga, famous clinician and haematologist, expert of Auscultatory Percussion, Master of Science and Humanity.

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