

Overlooked early bedside diagnosis of Kidney Cancer, from birth, i.e., its Oncological Terrain-Dependent, Inherited Real Risk.

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About. Kidney Cancer. Statistic approved by the cancer.net Editorial board

“ON THIS PAGE: You will find information about the number of adults who are diagnosed with kidney cancer each year. You will also read general information on surviving the disease. Remember, survival rates depend on several factors.

This year, an estimated 76,080 adults (48,780 men and 27,300 women) in the United States will be diagnosed with kidney cancer. Kidney cancer is the sixth most common cancer for men. It is the ninth most common cancer for women. The average age at diagnosis for people with kidney cancer is 64, and most people are diagnosed between the ages of 65 and 74. Kidney cancer is not common in people younger than age 45. It is more common in Black people and American Indian people.

The number of new kidney cancers has been increasing for several decades, although that increase has slowed in recent years. Between 2008 and 2017, rates rose by around 1% each year. Some of the increase has been due to an increase in the use of imaging tests overall. Imaging tests can find small kidney tumors unexpectedly when the tests are done for another reason unrelated to the cancer.

It is estimated that 13,780 deaths (8,790 men and 4,990 women) from this disease will occur this year. Between 2009 and 2018, deaths from kidney cancer decreased by 1% per year.

The 5-year survival rate tells you what percent of people live at least 5 years after the cancer is found. Percent means how many out of 100. The 5-year survival rate for people with kidney cancer is 75%. However, survival rates depend on several factors, including the type, cell type, and stage of the cancer when it is first diagnosed”.

It is evident that Oncologists all around the world do not know the Congenital Real Risk of Kidney Cancer (1, 2). The tragic consequences of this distressing diagnostic situation are well known.

At the beginning of 2009, I have discovered and described the Oncological Terrain-Dependent, Inherited Real Risk of Kidney Cancer, its diagnosis starting from birth, done with a stethoscope and the Reconstructing Mitochondrial Quantum Therapy which eliminates it (1-3) With the aid of ‘Quantum Biophysical Semeiotics’, reliable method in bio-clinically recognizing every disorder, even potential or initial and symptomless of the urinary apparatus of the human body, a fundamental sign has been discovered: Pollio’s sign.

Pollio’s sign allows physicians to diagnose at the bed-side the above-mentioned disorders of whatever nature, providing useful information regarding differential diagnosis between cancer and other diseases, both in clinical and pre-clinical stages. We highlight the different stages of the process of Oncogenesis, according to QBS theory, to reveal the presence of ‘Oncological Terrain’ and ‘Inherited Real Risk’ of renal cancer. This early diagnosis allows a primary and pre-primary prevention with recursive genetic effects at the base of oncological pathologies.

Diagnosis of urinary apparatus disorders: Pollio’s sign

Based on QBS principles [6], “intense” pinching digital stimulation applied upon urinary apparatus trigger point, VIII-X thoracic dermatomes, i.e., lateral abdominal quadrants, or, real practical, renal cutaneous projection area, increases ATP endo-cellular level, originating the condition of simultaneous response, due to no-local realm in related remote biological system.

Under these conditions, in health, the reflex does not appear “simultaneously”, but after a ‘Latency time’ (Lt) of 16 seconds (3): this is the negative Pollio’s Sign, due to the associated stimulation of both parenchyma and related microvessel respiratory chain, providing adequate amount of ATP. In addition, the increased blood-flow remove H⁺ from the tissue, avoiding lowering pH. On the contrary, in individuals involved by any urinary apparatus disorder, we observe “simultaneously” the ‘Gastric Aspecific Reflex’ (Lt = 0) because the augmentation of tissue acidosis, since the impairment of microvessel reaction to stimulation; there is a local microcirculatory remodelling: the Pollio’s sign is positive.

Just in case of positive Pollio's sign and tonic gastric contraction, there is an 'Inherited Real Risk' (IRR) of cancer, i.e., renal, urinary bladder, or prostate cancer. IRR of cancer means that the reflex's intensity results less than 1 centimetre, paralleling the seriousness of underlying disorder. As a matter of fact, the intensity of the sign is directly related to the disease's stage, so that it raises to about 3 cm in overt cancer.

In case of positive Pollio's sign, but without any tonic gastric contraction, the doctor can exclude the presence of IRR of cancer (or overt cancer), but there is anyway another predisposition to urinary apparatus disorder, i.e., kidney failure, urinary bladder inflammatio, biliary or prostate disorders, kidney stones, which can be investigated in deep with other QBS signs or clinical diagnosis.

Inherited Real Risk of the cancer of urinary tract apparatus

Renal Cancer (RC) represents about 3% of all malignancies and it is continuously increasing: in Italy 4.000 persons are involved yearly by RC, and 27.000 new cases are diagnosed in Europe. The early diagnosis is the conditio sine qua non of the best therapeutic results. Unfortunately, RC is usually recognized later, since for years or decades it is silent, there is not any clinical symptomatology, in spite it is originates as 'Oncological Terrain' and renal 'Inherited Real Risk'. Analogously to all other malignancy, RC may occur exclusively in individuals involved by both Oncological Terrain "and" Oncological Terrain-Dependent Inherited Oncological Real Risk in the kidney, bedside recognized from the moment of birth with the aid of Quantum Biophysical Semeiotics.

In case of positive Pollio's sign and tonic gastric contraction, the doctors must investigate if there is a renal cancer in the urinary apparatus and this can be done through several QBS signs. In case of prostatic cancer or IRR of prostatic cancer the best way for QBS diagnosis is Massucco sign (4, 5).

In case of overt kidney cancer or IRR of renal cancer, the assessment is done by the renal gastric aspecific reflex (G.A.R.). In health, "light-moderate" persisting stimulation by cutaneous pinching of renal trigger-points, i.e., VIII-X thoracic dermatomes (lateral abdominal quadrants), after a latency time of exactly 8 seconds, brings about gastric aspecific reflex: in the stomach, both fundus and body dilate, while antral-pyloric region contracts. Reflex duration lasts less than 4 sec.: such as parameter value, paralleling local Microcirculatory Functional Reserve, plays a key role in bedside diagnosing RC, starting from the first stage of Oncological Inherited Real Risk (3-5).

On the contrary, in individual involved by urinary way cancer Inherited

Oncological Real Risk, the identical stimulation causes renal G.A.R., showing normal latency time (NN = 8 sec.), but its duration is 4 seconds or more, i.e., it is pathological. Really, these two parameter values are inversely and respectively directly related to the seriousness of underlying disorders. Immediately thereafter, appears Tonic Gastric Contraction, characteristic of tumoral lesion: positive Pollio's sign.

Unfortunately, today in Italy it is not possible to spread these medical advances for clear reasons, that it is superfluous to report. I have sent e-mails to the best known Oncologists and Onco-Urologists of my country: no one has answered me.

References

- 1) **Stagnaro Sergio.** Pollio's Sign* in bedside Recognizing renal Cancer, since its initial Stage of Inherited, Oncological Real Risk. Sunday, March 22, 2009 <http://sciphu.com/>
- 2) **Sergio Stagnaro.** Il Segno di Daniele Cozzini* nella Diagnosi Semeiotico-Biofisico-Quantistica delle Malattie Renali, a partire dai Reali Rischi Congeniti, dipendenti dalle relative Costituzioni. <http://www.sisbq.org/.../5/6/8/7/5687930/segnodicozzini.pdf> ; <https://sergiostagnaro.wordpress.com/2019/06/16/4333/>; <https://dabpensiero.wordpress.com/2019/06/16/il-segno-di-daniele-cozzini-nella-diagnosi-semeiotico-biofisico-quantistica-delle-malattie-renali-a-partire-dai-reali->
- 3) **Sergio Stagnaro and Simone Caramel.** Pollio's sign in primary prevention of urinary apparatus disorders, including cancer. <http://www.sisbq.org/uploads/5/6/8/7/5687930/polliosign.pdf>
- 4) **Sergio Stagnaro.** Bedside Detecting Inherited Real Risk of Prostate Cancer, and overt Cancer: Massucco's Sign. *European Urology.* 27 April, 2011, <http://www.europeanurology.com/article/S0302-2838%2810%2900944-9/fulltext#comments>
- 5) **Sergio Stagnaro and Simone Caramel.** Inherited Real Risk of Prostate Cancer: bedside diagnosis and primary prevention. Massucco's Sign – <http://www.sisbq.org/uploads/5/6/8/7/5687930/massucco.pdf>