Neurofibromatosis Early Bedside Diagnosis, starting from its Inherited Real Risk.

By Sergio Stagnaro

Neurofibromatosis 1 and 2, also known asVon Recklinghausen disease, genetic conditions part of neuro-cutaneous disorders that affect the skin and the nervous system, causing tumours to grow along nerves, in the skin and brain. These tumours are usually benign.

There are two main subtypes of neurofibromatoses: Neurofibromatosis type 1 (NF1), which accounts for about 90% of all cases of neurofibromatosis, and Neurofibromatosis type 2 (NF2), which is much less common, especially in children.
Neurofibromatosis is generally an inherited disorder (autosomal dominant), but it can be caused by spontaneous mutation in up to 50% of cases. Once the change in genes happens, it can be passed on to the next generation (1-3).
According to Quantum Biophysical Semeiotic, the Inherited Real Risk of NF is always detecte in all ,others of diseased children.

NF clinical symptomatology
Neurofibromatosis type 1 (NF1) is the most common type, affecting about one in 3,000 births. Neurofibromatosis type 2 (NF2), which is much less common, has different symptoms and is caused by changes in different genes, so is covered separately.
Neurofibromatosis type 1 is a condition characterized by changes in skin coloring, pigmentation, and the growth of tumors along nerves in the skin, brain, and other parts of the body. (1-3) According to the traditional semeiotic, the signs and symptoms of this condition vary widely among affected people.
Beginning in early childhood, almost all people with neurofibromatosis type 1 have multiple *café-au-lait* spots, which are flat patches on the skin that are darker than the surrounding area. These spots increase in size and number as the individual grows older. Freckles in the underarms and groin typically develop later in childhood.
Most adults with neurofibromatosis type 1 develop neurofibromas, which are benign tumors that are usually located on or just under the skin. These tumors may also occur in nerves near the spinal cord or along nerves elsewhere in the body.
These tumors, which usually develop in adolescence or adulthood, are called malignant peripheral nerve sheath tumors.
People with neurofibromatosis type 1 also have an increased risk of developing other cancers, including brain tumors and cancer of blood-forming tissue. (1-3). In facts, I have observed that individuals involved by NF are almost always positive for Oncological Terrain.

During childhood, benign growths, called Lisch nodules, often appear in the colored part of the eye iris. Lisch nodules do not interfere with vision. Some affected individuals also develop tumors that grow along the optic nerve. These tumors, which are called optic gliomas, may lead to reduced vision or total vision loss. In some cases, optic gliomas have no effect on vision.

Additional signs and symptoms of neurofibromatosis type 1 include high blood pressure, short stature, an unusually large head, and skeletal abnormalities such as an abnormal curvature of the spine, i.e., scoliosis.

Although most people with neurofibromatosis type 1 have normal intelligence, learning disabilities and attention deficit hyperactivity disorder (ADHD) occur frequently in affected individuals.

To summarize, NF symptomatology, it is characterized by:
Café-au-lait spots in the skin. These are flat patches of light brown or coffee-colored skin. Initially, they might be present on an infant and look like freckles, but may get larger and more numerous during a child's first few years of life, up to about 7 years old. A child with NF1 is likely to have at least six or more of these spots that are larger than freckles. The spots themselves are not painful, and people who do not have neurofibromatosis can have one or two café-au-lait spots that are benign.
Lisch nodules: These are small non-cancerous growths located on the iris (the colored part) of the eyes. Lisch nodules do not cause problems with vision, but tumors might later develop in the eye. These tumors are called optic gliomas; they may or may not affect vision.
Neurofibromas: These are non-cancerous tumors that are located mostly under the skin. Neurofibromas may also grow on nerves. In a special type of neurofibroma (called a plexiform neurofibroma), there is a 5-10% risk of developing a malignant peripheral nerve sheath tumor.
High blood pressure.
Short stature.
Macrocephaly, i.e., an unusually big head.
Bone abnormalities, such as scoliosis or tibial bowing.
Learning disabilities.
Attention deficit hyperactivity disorder (ADHD).
Seizures.
Speech problems.
Many freckles under the armpit or in the groin region – called axillary or inguinal freckling.
There may be other complications associated with NF1, including vascular (blood vessel) conditions that affect the central and peripheral nervous systems--in particular, arterial narrowing called Moyamoya disease (4, 5).
The NF1 gene provides instructions for making a protein called neurofibromin. This protein is produced in many cells, including nerve cells and specialized cells surrounding nerves (oligodendrocytes and Schwann cells). Neurofibromin acts as a tumor suppressor. Mutations in the NF1 gene lead to the production of a non-functional version of neurofibromin that cannot regulate cell growth and division.
As a result, tumors such as neurofibromas can form along nerves throughout the body. It is unclear how mutations in the NF1 gene lead to the other features of neurofibromatosis type 1, such as café-au-lait spots and learning disabilities.

NF Injerited Real Risk and its Bedside Diagnosis

Disease that cannot be healed must be eliminated with its Pre-Primary and Primary Prevention: www.sisbq.org and www.semeioticabiofisica.it

The method, I've used in my ongoing clinical research on Neurofibromatosis, 1 and 2, is the Psychokinetic Diagnostic (9, 10).

Three biological systems, CNS, nerve, and skin are involved by NF. As a consequence, in diseased individuala at birth, intense (1,000 dyne cm. 2) cutaneous pinching brings about either simultaneously or after 2-3 sec. of Latency Time, according to the severity of this heritable risk, Aspecific Gastric Reflex, whose intensity parallels the seriouness of underlying disorder.

Interestingly from diagnostic point of view, the absence of Skin- Aspecific Gastric Reflex excludes the NF Inherited Real Risk. In case of melanoma Inherited Real Risk, as usually in any malignancy, the Aspecific Gastric Reflex is immediately followed by Tonic Gastric Contraction (6).

Soon thereafter, the pathological data of both Ocular and Brain- Aspecific Gastric Reflex (NN: Latency Time 8 sec. exactly; Duration > 3 sec. – 4 sec.<), corroborate the NF diagnosis.
Finally,. Evoked Cerebral Potential will be clearly pathological (8).

From Clinical Microangiology view-point, the most interesting event is the Activated Microcirculation, type 2, dissociated in both the parietal, temporal, occipital area, and in the skin, whose intensity is related to the seriousness of NF Inherited Real Risk (11, 12).

All mothers of children suffering from NF, even apparently healthy, are positive at its heritable risk, that has to be eliminated with Reconstructing Mitochondrial Quantum Therapy, according to Pre-Primary Prevention (12).

References

1)**Antinheimo, J., Sankila, R., Carpén, E. Pukkala, M. Sainio,** et al. Population-based analysis of sporadic and type 2 neurofibromatosis-associated meningiomas and schwannomas Neurology , January 11, 2000; 54 (1), 71-74. **http://n.neurology.org/content/54/1/71.short**

2) S. **Sathornsumetee, A. DesJardins, D. A. Reardon, J. N. Rich and J. J. Vredenburgh.** Neurofibromatosis type 2. Neurology, March 27, 2007; 68 (13). http://n.neurology.org/content/68/13/E14

3) **Baser ME, Friedman JM, Wallace AJ, Ramsden RT, Joe H, Evans DG**. *Evaluation of clinical diagnostic criteria for neurofibromatosis 2. Neurology 2002;59:1759–1765.*
Abstract/FREE Full TextGoogle Scholar

4) Sergio Stagnaro. Quantum Biophysical Semeiotic of Moya Moya Disease. Clinical Diagnosis of its Inherited Real Risk and Pre-Primary and Primary Prevention. http://www.sisbq.org/uploads/5/6/8/7/5687930/moyamoya.pdf e https://dabpensiero.wordpress.com/2017/12/30/quantum-biophysical-semeiotic-of-moya-moya-disease-clinical-diagnosis-of-its-inherited-real-risk-and-pre-primary-and-primary-prevention/

5) Sergio Stagnaro. Moya Moya Disease Patho-Physiology, according to Quantum Biophysical Semeiotic. The central role of Mitochondrion Heritable Impairment (CAEMH) in Angiogenesis. http://www.sisbq.org/uploads/5/6/8/7/5687930/moymoya2.pdf

6) **Stagnaro Sergio.** Semeiotica Biofisica Quantistica: Diagnosi Clinica di Melanoma a partire dal suo Reale Rischio Congenito. www.fcenews.it, 23 luglio 2008, http://www.fcenews.it/index.php?option=comcontent&task=view&id=1599&Itemid=45

7) Sergio Stagnaro. Bedside Diagnosing Melanoma since the Stage of Inherited Real Risk. 18 May, 2010; www.thescientist.com; http://www.the-scientist.com/blog/display/57402/

8) Stagnaro S., Percussione Ascoltata degli Attacchi Ischemici Transitori. Ruolo dei Potenziali Cerebrali Evocati. Min. Med. 76, 1211 **[Medline]**

9) Sergio Stagnaro. PSYCHOKINETIC DIAGNOSTICS, QUANTUM-BIOPHYSICAL-SEMEIOTICS EVOLUTION. *Journal of Quantum Biophysical Semeiotic Society*. http://www.sisbq.org/uploads/5/6/8/7/5687930/psychokineticdiagnostics_qbsevolution.pdf

10) Sergio Stagnaro. Semeiotica Biofisica Quantistica. Diagnostica Psicocinetica. E-book in rete nel sito www.sisbq.orghttp://wwwsisbq.org/uploads/5/6/8/7/5687930/dp_libro.pdf

11) Sergio Stagnaro. Introduzione alla Microangiologia Clinica 10 dicembre 2011. www.sisbq.org, http://www.sisbq.org/uploads/5/6/8/7/5687930/mc_intro.pdf

12) Sergio Stagnaro - Marina Neri Stagnaro. Microangiologia Clinica. A cura di Simone Caramel. e-book, www.sisbq.org,

http://www.sisbq.org/uploads/5/6/8/7/5687930/microangiologiaclinicasbq2016.pdf

13**) Caramel S., Marchionni M., Stagnaro S.** Morinda citrifolia Plays a Central Role in the Primary Prevention of Mitochondrial-dependent Degenerative Disorders. Asian Pac J Cancer Prev. 2015;16(4):1675. http://www.ncbi.nlm.nih.gov/pubmed/25743850**[MEDLINE]**