Pollio's sign in primary prevention of urinary apparatus disorders, including cancer

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Abstract

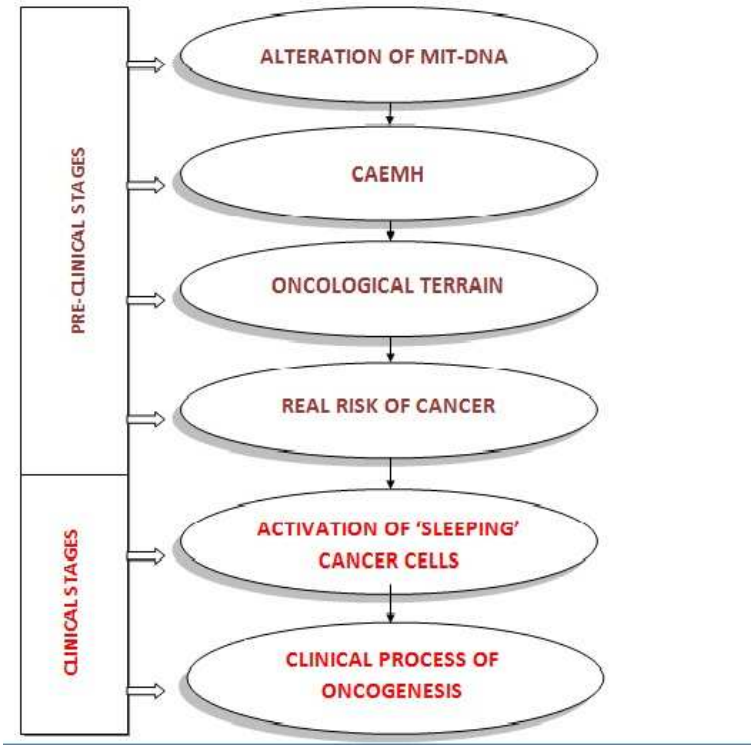
With the aid of 'Quantum Biophysical Semeiotics', reliable method in bio-clinically recognizing every disorder, even potential or initial and symptomless of the urinary apparatus of the human body, a fundamental sign has been discovered: Pollio's sign.
Pollio's sign allows physicians to diagnose at the 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.

1. Introduction

According to Stagnaro [1], genoma's information are transmitted simultaneously both to parenchyma and related microvessels, so that mutations in parenchymal cell n-DNA and mit-DNA are the *the conditio sine qua non* of the most common human disorders, like diabetes and cancer, today's growing epidemics. In fact, all these diseases are based on a particular congenital, functional, mitochondrial cytopathy, mostly transmitted through mother, and defined 'Congenital Acidosic Enzyme-Metabolic Histangiopathy', CAEMH [2].

In addition, parenchymal gene mutations cause local microcirculatory remodeling, gathering indirect information on inherited modifications of relative parenchymal cell, since biological system functional modifications parallel gene mutation, according to Angiobiopathy theory [3]. For instance, the presence of intense CAEMH – termed CAEMH-α - in a well-defined PNEI system areas, involved by gene mutations in both n-DNA and mit-DNA, is the ground for the 'Oncological Terrain', one of the 'QBS Constitutions[i]', which could bring about the congenital Real Risk [23] - RR[ii] of cancer (Scheme 1) characterized by microcirculatory remodeling, from QBS view-point, worsened under environmental risk factors.

By means of the QBS the doctors are able to evaluate the pre-clinical stages of the process of Oncogenesis of their patients, as shown in Scheme1, so it is possible a pre-clinical diagnosis of the potential pathology, at bed-side, before the clinical diagnosis, i.e., the activation of 'sleeping' cancer cells [4], which start the clinical process of Oncogenesis. The objective QBS examination allows, in a few minutes, to recognize and quantify, in a subject, the presence of CAEMH, 'Oncological Terrain', i.e., through bedside recognizing Rinaldi's sign [ref.], and 'Inherited Real Risk' of cancer, i.e., evoking 'Gastric Aspecific Reflexes' through the 'Auscultatory Percussion' of the stomach [5].



Scheme 1. The process of Oncogenesis

In this paper we focus our attention to urinary apparatus aiming to assess the possible presence of any Inherited Real Risk of cancer in this area, i.e., prostate, urinary bladder, renal cancer, or of any other urinary apparatus disorders in progress, even silent, asymptomatic and in the very beginning clinical stage, allowing a very early diagnosis, with the aid of QBS signs.

2. 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 dermatomeres, 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 (Scheme 2): 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 (Table 1, last row).

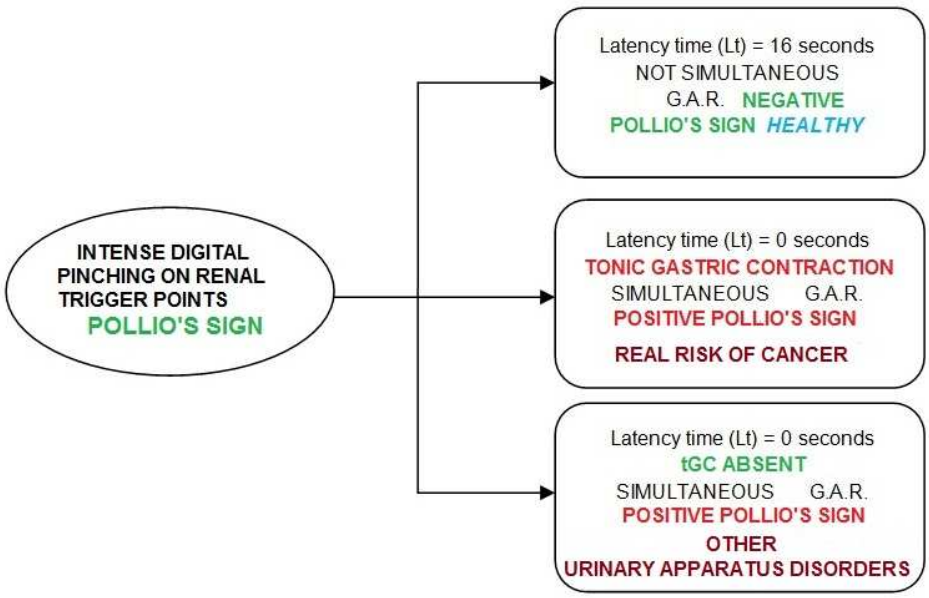
G.A.R. (Lt, D) **Mean Intensity Stimulus (pinching) on kidney trigger points**	**G.A.R. (Lt)** **Intense Stimulus (pinching) on kidney trigger points**	**tGC**	**Diagnosis**
Lt = 8 $3 \leq D \leq 4$	Lt = 16	No	Health
$Lt \leq 8$ $D \geq 4$	Lt = 0	Yes	Real Risk of cancer (or Overt cancer)
$Lt \leq 8$ $D \geq 4$	Lt = 0	No	Other urinary apparatus disorders

Table 1. Pollio's Sign. Legend: Lt = Latency time (in seconds), D = Duration (in seconds); tGC = tonic Gastric Contraction; G.A.R. = Gastric Aspecific Reflex

We recommend the doctors to make a second assessment by the same way of the first one just mentioned, to avoid "false negative' diagnosis , i.e., to be sure that negative Pollio's sign is really negative, but the second evaluation must be done with the aid of Restano's manoeuvre[1], the simultaneous application of both *apnea and boxer's tests. Broadly speaking,* Patient clinches fists and does not breath, inducing a sympathetic hypertonus.

Finally, in order to exclude possible, though not frequent, false negatives, the assessment of gastric aspecific reflex duration (NN is $3 \leq D \leq 4$) plays a central role.

[1] Restano's Manoeuvre is composed of the *simultaneous* application of *boxer's test (*closing intensively both hands (fists)) *plus apnea test (*the subject to be evaluated is invited to not breath, bringing about *sympathetic hypertone*, for **5** seconds.), i.e., a dynamic sensitized test, since it induces sympahetic hypertone. Restano's Manoeuvre is very useful, for instance, in evaluating RESHS in case of numerous diseases, when basal value (latency time, lt = 10 sec. intensity 1 cm.) seems to be *normal*, but after the manoeuvre becomes clearly pathological : lt lowers to 3 sec., with intensity > 1 cm. and enhancing lt. of 8 sec. or less (Restano's Manoeuvre type B); in type A intensity is > 1 cm. and enhancing lt. to 9 sec. In healthy, all parameters are unchanged: sometimes intensity of reflex is < 1,5. There is, moreover, the so-called modified Restano's manoeuvre: subject to be examined clenching *only* one fist, so that is possible utilizing the pulp of a finger of the other hand, by performancing digital microvascular unit diagram, useful in identifying *Oncological Terrain.*



Scheme 2. Legend: G.A.R. = Gastric Aspecific Reflex; tGC = tonic Gastric Contraction; Lt = Latency time of G.A.R.

3. 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, bed-side recognized from the moment of birth with the aid of Quantum Biophysical Semeiotics [4, 6-9].

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 [10].

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 dermatomeres (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 (Table 1, Table 2).

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.

Due to no-local realm of biological systems [11], when renal trigger-points stimulation is “intense”, all components of urinary tract are “simultaneously” stimulated: in health, reflex latency time raises cannot brings about gastric aspecific reflex, allowing rapidly doctor to exclude urinary tract lesion (Scheme 2, negative Pollio’s sign)!

On the contrary, in case of renal cancer, even in the stage of Inherited Oncological Real Risk, simultaneously the reflex appears, followed suddenly by tonic gastric contraction (Scheme 2, positive Pollio’s sign), typical of lesion, Oncological in nature, because locally free energy is increased, due to type I, associated, microcirculatory activation [3].

To summarize, in subject involved by both Oncological Terrain and Inherited Oncological Real Risk in whatever part of urinary system (kidney, urether, urinary bladder, prostate), “intense” stimulation of a single trigger-point causes simultaneously intense gastric aspecific reflex, immediately followed by tonic Gastric Contraction: positive Pollio’s Sign, which surely will play a paramount role in RC as well as in urinary tract malignancies primary prevention. Subsequently, physicians will localized tumoral lesion with the aid of a lot of well-known biophysical-semeiotic signs [6].

4. Oncogenesis of kidney cancer

Kidney’s oxygen supply can be assessed clinically in a precise way [12]. In health subjects, digital pinching of “light-moderate” intensity, applied upon cutaneous projection area of the kidney (VIII-X thoracic dermathomere – lateral abdominal quadrants) brings about Renal - Gastric Aspecific Reflex (Re. G. A. R.) after a latency time (Lt) of 8 seconds (Table 2), informing on kidney’s oxygenation at rest, as well under stress situations, such as Valsalva’s Manoeuvre - which allows doctor to assess bed-side endothelial function - lasting about 7 seconds [13].

We have to repeat the diagnosis after exactly 5 seconds from the first one (QBS preconditioning), because in the beginning stages of ‘Inherited Real Risk’ of liver cancer, the Lt is still 8 seconds (the same of physiological one), but after preconditioning this value is less than 16 seconds (in health we observe exactly the double value).

In addition, Lt of Re. G. A. R. (i.e., gastric dilation) increases significantly (negative Pollio’s sign), raising to 16 seconds, when digital pressure becomes "intense", because it stimulates kidney microvessels and fibers, hence inducing local metabolic regulation of tissue-microvascular-units (T.M.U.), i.e. activating Microvascular Functional Reserve – MFR [14].

In pathological states such as overt kidney cancer, digital pressure of “mean” intensity on renal trigger points brings about renal G.A.R. after a Lt less than 7 seconds (Table 2), while a Lt between 7 and 8 seconds informs us about a ‘Inherited Real Risk’ of kidney cancer in evolution. After preconditioning, the latency time of pathological renal G.A.R. never double the basal value.

Renal - Gastric Aspecific Reflex (Re. G. A. R.) light-moderate digital pinching on VIII-X thoracic dermathomere – lateral abdominal quadrants (renal trigger points)

Latency time (Lt) in seconds	Latency time after preconditioning (pause of 5 sec.)	Pollio's Sign	Diagnosis
Lt = 8	Lt = 16 [Lt = 16 if intense digital pressure on renal trigger points or on cutaneous projection of epiphysis – **negative Rinaldi's Sign** – absence of OT]	**Negative Pollio's Sign**	Health
Lt = 8	Lt < 16 [Lt = 0 if intense digital pressure on cutaneous projection of epiphysis – **positive Rinaldi's Sign** –OT]	**tonic Gastric Contraction - tGC** - local autoimmune syndrome - accompanied by gallbladder - and splenic contraction - decongestion: **positive Pollio's Sign**	Renal Cancer Inherited Real Risk
7<Lt <8	Lt < 16 [Lt = 0 if intense digital pressure on cutaneous projection of epiphysis – **positive Rinaldi's Sign** –OT]	**tonic Gastric Contraction - tGC** - local autoimmune syndrome - accompanied by gallbladder - and splenic contraction - decongestion: **positive Pollio's Sign**	Renal Cancer Inherited Real Risk in evolution
Lt≤7	Lt < 14 [Lt = 0 if intense digital pressure on cutaneous projection of epiphysis – **positive Rinaldi's Sign** –OT]	**tonic Gastric Contraction - tGC** - local autoimmune syndrome - accompanied by gallbladder - and splenic contraction - decongestion: **positive Pollio's Sign**	Overt Renal Cancer

Table 2. Pollio's Sign. Oncogenesis of kidney cancer. Legend: Lt = Latency time (in seconds); tGC = tonic Gastric Contraction; G.A.R. = Gastric Aspecific Reflex

Furthermore, *Pollio's sign* is positive in case of intense digital pinching (Lt = 0) and tGC, revealing a Real Risk of kidney cancer if the reflex intensity is less than 1 cm, and an overt kidney cancer if the reflex intensity is 1 cm or more. The tonic gastric contraction reveals a local autoimmune syndrome accompanied by gallbladder and splenic contraction decongestion.

5. QBS pre-primary and primary prevention

For those who do not have OT (Oncological Terrain), a primary prevention is not required: they will not be at risk cancer. In these subjects the CAEMH can be present elsewhere, but not in the cells of PNEI system, because there is not OT since birth. Although it was emphasized elsewhere in isolated parenchymal cells, with possible beginning - under environmental influences – of degeneration, the process would remain under the control of the vital physiological defense organ.

On the contrary, for those with OT or latent or potential OT [15, 16] a pre-primary prevention is strongly suggested, even in the absence of RR, as RR in the future might arise due, i.e., to environmental

risk factors as smoking and drugs. If a patient is positive for 'Oncological Terrain' - OT, detected by mean of a QBS diagnosis, he/she has the opportunity to make an effective primary prevention, especially in the case of 'Inherited Real Risk' of cancer.

In accordance to Angiobiopathy, improving mitochondrial activity in the parenchyma and in microvessel cells, favorably intracellular free energy is involved and various biological activities are improved: the microcirculation will be normalized. If the way of being and functioning of the microcirculation improves, this means that the way of being and functioning of its parenchyma is also improved. This is done by stimulating the activity of mitochondria by acting on the vehicles as metabolism (chemical process), peptides' net (electric-electronic process), but also improving, normalizing tissue oxygenation, expression of the normal operation of mitochondrial oxidative phosphorylation. Indeed, the mitochondrial functional cytopathy is the *sine qua non* of more frequent and severe human disease and not. For this aim the suggested preventive therapy, termed 'green therapy' or type A therapy to distinguish it from the genetic one, termed "blue therapy" [17], includes a proper diet etymologically understood, conjugated-melatonin [7], NIR-LED, LLLT, CQ10 [18, 19].

The green therapy allows to make residual the Inherited Real Risk of cancer, i.e., the Oncological Terrain will not disappear, but the congenital risk of cancer is reduced to minimal term, so it stays at a no dangerous stage in the whole process of Oncogenesis. In case of green therapy, the alteration of mit-DNA, evidenced by the presence of CAEMH, still persists, and this means that it could be transmitted, mostly by mothers, to future generations.

While is almost sure that a mother with positive OT will transmit her mit-DNA's alteration to sons and daughters, what about a mother or future parents both with positive OT under an effective preventive treatment in order to let residual their Inherited Real Risk? What about their children? Will they be born with negative or positive Oncological Terrain? These were the written questions done by Stagnaro [8] in order to understand the reversibility, or not, of mit-DNA's alteration (and of Oncological Terrain) for future generation.

Stagnaro's hypothesis was that '*the alteration of mit-DNA is reversible for future generation*': if future parents, both positive for OT, accept to make an effective preventive therapy before procreation, their children will be negative for OT, they will never suffer of any cancer, both solid and liquid, of what studied by QBS.

This conjecture - reversibility of mit-DNA alteration for future generation – formulated by Stagnaro in 2004 has been confirmed in 2010 [20, 21]. This experimental evidence has been called 'Manuel's Story'[2].

[2] In April 2010, Manuel is the first newborn in the world NEGATIVE for Oncological Terrain even if both parents are POSITIVE Oncological Terrain. In spite of the fact he is son of mother and father both involved by Oncological Terrain, his parents underwent to a Conjugated-Melatonin treatment a lot of months before pregnancy begins. Technically speaking, his parents became positive exclusively for the residual variant form of predisposition to malignancy, which is not dangerous at all, because mitochondrial respiratory chain is perfectly functioning, so that endogenous-cellular energy level in every biological system results high. Broadly speaking, under preventive therapy, their Inherited Real Risk of cancer became residual, even if they persist to be positive for OT: this means that they can continue to live without any risk of cancer appear. Furthermore their son is negative for OT: this means that his son hasn't got any OT, and of course no real risk of cancer, therefore he does not need of any preventive therapy: none of the tumors studied by QBS will never hurt him in life. The first experimental evidence confirms that Stagnaro's conjecture was true. A widely experimental research could confirm the truth, or not, of this conjecture for a wide range of study cases under a green therapy according with Manuel's story.

Stagnaro [3] let us another open question: is 'Oncological Terrain' reversible? Through the green therapy a genetic reversibility for future generations is possible, but this could not be enough for the current generations, especially under environmental negative conditions. QBS tools are not only useful for diagnostic purposes, but also for therapeutic advices, and therapeutic monitoring, because they are able to assess in reliable way the microcirculatory activity before and after each preventive therapy's treatment, in order to understand the effectiveness of remedies.

QBS has recently tested some treatments not yet experimented for preventive purposes as the quantum therapy and the thermal one, and called type B therapy or 'blue therapy' [17, 19]. A recent QBS clinical experimentation [22] showed us that the genetic alteration of the mit-DNA is reversible, both under green therapy (for future generations as evidenced by Manuel's story) and particularly under blue therapy (for current generations), which induces the disappearance of 'Oncological Terrain' and the 'Inherited Real Risk' of cancer.

Conclusions

The physician, who knows QBS clinical diagnosis, can investigate the urinary apparatus of the human body in order to assess if there is any disease, potential, in progress or overt, even silent. Pollio's sign allows the medical doctors to make these diagnoses at the bed-side and to distinguish between Oncological Inherited Real Risk, overt cancer and other disorders, so allowing an efficient pre-primary and primary prevention with recursive effects able to reverse the genetic alteration of mit-DNA and the mitochondrial cytopathy at the base also of Oncological pathologies.

*** Pollio's Sign.** In memory of our dear friend, Fabrizio Pollio MD, brilliant gynaecologist surgeon, dead at age of 34 years for renal cancer.

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[i] Biophysical semeiotic constitutions, detectable since birth, are the inherited congenital ground or terrain of well defined potential diseases clinically hidden, which can last several years before appearing, in the slow transformation process from potential (pre-metabolic syndrome, pre-clinical stages) to effective pathology (metabolic syndrome)

[ii] Real Risk – RR - means any mutation, limited at level of cells belonging to a well-defined biological system - for example, beta cells of islets of Langerhans, for diabetes - which occurs in one or more cells when energy information EI (and ATP) decreases strongly for any reason.