Siniscalchi's Sign*.
Bedside Recognizing, in one Second, Diabetic Constitution, its Inherited Real Risk, and Type 2 Diabetes Mellitus.

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Introduction

Despite screening measures adopted in the *secondary* prevention, at the moment there is no primary prevention because the traditional and pedantic Medicine ignores Quantum-Biophysical-Semeiotic Constitutions and the correlated Inherited Real Risks (1-9), such as of the diabetes, CVD and Cancer (Oncologic Terrain), pathologies that all the Authors consider ever-growing epidemics (1-5).
Next to Diabetes Mellitus, whose type 2 represents about the 50% of all the cases, arterial hypertension, glaucoma, osteoporosis, CVD, the several forms of dyslipidemia, and cancer (1-10) are generally diagnosed too late, only when the classic clinical and laboratory symptoms set in, "anticipated" and accompanied by harmful complications, often lethal, which notoriously manifest decades after the Congenital Real Risk, dependant of the correlated Constitution, expression of the potential disease (6-12).

These few exemplar FACTS underline the urgency in Medicine to proceed without any further delay towards the New Renaissance of Medicine (1), for the first time with the aid of primary prevention of Diabetes Mellitus, CAD, and cancer, three growing epidemics.
Recently, illustrating my Lecture at I National Meeting of International Society of Quantum-Biophysical-Semeiotics, Riva Trigoso (Genoa), I have announced a paramount clinical tool in the war against type 2 DM, Siniscalchis Sign (1). See also website **http://www.sisbq.org**

The war against diabetes: State of the Art.

On the 21st December, 2006 the General Assembly of the United Nations declared that diabetes mellitus is a threat for the whole world, designating the 14th November as World Diabetes Day.
In fact, this epidemic, ever-growing and unstoppable, is a serious threat to health, on the same level as infectious diseases like Aids, tuberculosis and malaria. The incidence and predominance of diabetes type 2 are growing in underdeveloped and developing countries.

For example, today in Italy diagnosed diabetics are two millions, without counting those who haven't been recognized ill, while the numbers of diabetics in the world is foreseen to rise from 171 millions in 2000 to 366 millions in 2030 (Nature Clinical Practice Endocrinology & Metabolism 2007, 3, 667).
To be carefully considered it is the number of adults with arterial hypertension, which affects the 70% of the diabetics, showing a double incidence compared with non-diabetics subjects, and it is foreseen an increase of the 60%, for a total equal to 1.500 millions in 2025.

Diabetic pathology is notoriously characterized by the fact that the affected body can't make use of the sugar present in the blood and it appears only in patients with Quantum-Biophysical-Semeiotic Congenital Real Risk.
Diabetes mellitus, both type I and type II, can damage heart, kidneys, eyes, nerves, peripheral arteries of the patients affected by the congenital real risks in the target organs (11-15). Without this pathological condition, dependant on the related constitution, the environmental risk factors, like diabetes, are "innocent spectators" (32).
In fact a long and successful clinical experience allows me to state that in the absence of this characteristic parenchimal congenital and microvascular alteration, the "micro vascular remodelling", all the environmental risks factors are not harmful, similarly to what happens in case of CAD (32).
This at last explains why only about the 50% of patients suffering from Metabolic Syndrome (11) is affected by diabetes type 2 as well as by the regional and not systemic vascular damage, and the existence of several diabetics without lesions in the target organs!

I think that it is no longer possible to delay an honest stance on everyone's behalf, but especially the Government responsible for Health, Research and University, who must eventually consider the scientific discoveries in diabetology, accepted by Publishers of famous "peer-reviews", aimed to start a new and effective strategy against diabetes mellitus and other serious and common diseases, such as CVD and cancer "clinically" carried out on a large scale in a population "rationally" enrolled (1-22).
Although diabetes keeps being one of the most serious world epidemic, no world authorized Health Authority shows interest in modifying the expensive, obsolete, disastrous management enforced so far, paying the due attention and honest critic to original proposals, that proved effective in a long clinic experience, whose data are by now spread in a wide Literature (1-5, 24).

At the beginning of the third millennium no medical or surgical intervention exists, that can give complete recovering from diabetes. About the dangers of present use of stem cells, the day 11November, 2010, the *Federation Argentina de Cardiologia*, FAC, has posted in its Forum my comment, I have sent to the most prestigious peer-reviews of the world (Ask Google.com), wherein I referred to my earlier letter published on Washington Post website in 2007.
Furthermore only a small percentage of diabetics is kept under control in a satisfying way, if evaluated and monitored in the best possible way available today: the biophysical-semeiotic evaluation of hepatic PPARs (1-7).
In a few words, the so-called diabetic complications begin decades before leading to the diabetic syndrome, as allows me to state also Quantum Biophysical Semeiotics, showing that primary prevention is the best therapy ever!

Unfortunately up to this day primary prevention of diabetes has been realized in an expensive, limited, impractical, reductive, ineffective way, due to completely wrong principles on which it is founded, in the absolute preference for technology and neglecting a Medicine focused on Man, according to the spirit of the "Single Patient Based Medicine" (5, 7, 9).

The “screening” of Diabetes Mellitus is not synonymous of Primary Prevention

In the well-known magazine *Diabetologia*, considered rightly, in my opinion, the “Bible” for diabetologists, for example in the Volume 50, Number 11, November 2007, there is no article actually clinical, whose data can be cross-examined at the patient’s bedside using a stethoscope.
In other words, the majority of articles published in that magazine, similarly to what happens in the others, report the conclusions of researches based on results from laboratories and sophisticated semeiotic instruments, among them genetic investigations that can only be performed in very few university centres and specialized institutes, and for this reason not applicable on a large scale of the population.
In spite of the progress, only apparently astonishing, of technology applied to diabetology, the paradoxical result is that today, during a physical examination, preferably at the patient’s birth, no doctor and no diabetologist is able to clinically recognize and discern, in a quantitative way, the one with diabetic real risk, that is actually predisposed to diabetes mellitus, from the one who surely will never suffer from diabetes, even if he/she will live surrounded by several environmental risk factors.
Otherwise stated, the doctor who only knows the orthodox, academic, traditional physic semeiotics, based on the deterministic mechanics in the service of power, even having the use of state-of-the-art laboratories and sophisticated and expensive instrumental semeiotics, cannot “bedside” diagnose the diabetic constitution, the dyslipidemic constitution and the congenital Diabetic Real Risk, which represent the "*conditio sine qua non*" of the onset of diabetes (1-22, 31-35).
The consequences of what mentioned above, a striking example of Medieval Medicine, maidservant of Economy (23), are too evident to be only mentioned!
On the basis of a successful clinical experience of more than 50 years, without fearing refutations I state that the fight against diabetes mellitus, carried out on a very large scale with clinical methods, must necessarily be realised in ALL the individuals who are positive to diabetic “and” dyslipidemic constitutions, quickly recognizable with the help of a simple phonendoscope, and at the same time positive to the “Congenital Diabetic Real Risk” (1-22) (see also the open letter I sent to the former Minister Prof. G. Sirchia on May 2004!: http://www.clicmedicina.it/pagine-n-30/reale-rischio.htm).
In order to predict achievable objectives in a far-reaching enterprise like the primary prevention diabetes mellitus, more than relying on good intentions it is useful to carefully consider the logic held in it, associating the Medicine Based on the Obvious to the more pragmatic, realistic and practical Medicine Based on the Single Patient, which by now is accepted worldwide (5-14).
In the useless and expensive campaigns against diabetes so far fought, due to the irrational selection of the subjects to enrol, the term of primary prevention has been constantly, erroneously and silently substituted by *screening* (early recognition of a disease already in existence, but not diagnosed for years or decades, independently from the presence or seriousness of its “complications” already acting and from its well-known development).

I think that among the several reasons of the failing and wasteful prevention of diabetes carried on until now, the following facts lead a primary role:

a) The so-called diabetic, kidney, retinic, coronary, etc. “complications” show up decades and decades before the onset of the diabetic symptoms, both haematological (altered glycaemia on an empty stomach and/or post-prandial, high levels of glycosylated haemoglobin, pathologic OGTT, etc.), and clinic, according to the Angiobiopathy theory (31). It follows that the traditional diagnosis of diabetes, even when it seems early, is “always” inevitably late, done when by that time the target organs have already been damaged.

b) Stylish and precise enough evaluations of the alterations of the glycidic metabolism of the initials

phases (e.g. hyperinsulinemic-normoglycemic clamping) CANNOT be used on a large scale for obvious economical and organizational reasons, contrary to the quantum-biophysical-semeiotic evaluation of PPARs (alfa) of the liver, the most precise method – to my knowledge – to monitor the gluco-lipidic metabolism (1-5).

c) Metabolic Syndrome, constantly anticipated by the Pre-Metabolic Syndrome, classic and variant, described in previous papers (11, 17), can be diagnosed by a phonendoscope since birth, that is when the Pre-Metabolic Syndrome and the so-called diabetic "complications" are present, but "potential" (5-10).

d) The term "*screening*", used arbitrarily as a synonymous of *primary prevention* by the Health Authorities and Doctors, is not correct at all. In fact, in this case we are not talking about primary prevention, carried out before the onset of a disease in individuals who are apparently healthy, but with congenital real risk, dependant on the relative pathology, but it is secondary prevention, carried out on diabetic patients, perhaps not yet diagnosed, but with the complications of the disease already in action. The tertiary prevention aims to contrast the progression of clinically present and advanced complications.

The nature of a prediction is scientific when can't escape, with the help of *ad hoc* theories, to falsification: I foresee that in future Diabetology based on Man, in the scrupulous respect of the "Single Patient Based Medicine" (5, 7-10), and accordingly in agreement with the spirit of the NEW RENAISSANCE of Medicine, the "clinical" diagnosis will play the leading role, quantitative of diabetic "and" dyslipidemic quantum-biophysical-semeiotic constitutions, diabetic congenital real risk, followed by the acknowledgement of Pre-Metabolic Syndrome and consequently of the Metabolic one in diabetic evolution and eventually of diabetes mellitus on a very initial stage (21, 31).

The five Stages of Type 2 Diabetes Mellitus

Since their births all diabetic individuals show quantum biophysical semeiotic signs typical of dyslipidemic "and" diabetic constitutions, and all the related, ICAEM- dependent, Inherited Real Risks, subsequently evolved first into pre-metabolic syndrome and after into metabolic under the negative influence of well-known environmental factors: sedentary lifestyle, tobacco smoke, overeating, a diet rich in saturated fats and carbohydrates, weight gain (BMI 25 or more), and so on (5, 7, 9-11, 13-15,17, 20). (Table 1)

Natural History of type 2 Diabeyes Mellitus

Stage 1 (individual's birth)
Diabetic "and " Dislipidemic Constitutions
Diabetic Inherited Real Risk (e.g. LATENT)

Stage II (under 10 years)
Abnormal synthesis of Perivascular GAGs by fibroblasts, pericytes, mioblasts, megacariocytes, a.s.o.; Amiline in the Interstitial Fundamental Substance, and so on. (Location: Capillaries, Small Arteries, Arterioles, AVA type II, group B, cutaneous, EBD, a.s.o.)

Stage III (Second decade of life)
IIR, Microalbuminurie, Initial ATS Plaques , a.s.o.

<u>Stage IV</u> (about third decade of life)
Prediabetes, overt microbascular Complications.
(OGTT, Iper-Insulinemic-Normo-Glicemic Clamping, Insulinemia)

<u>Stadio V</u>
Type 2 overt Diabetes

Tabella 1

In fact, it is evident that not "all" the individuals, even though obese and/or hypertensive, are at diabetes risk with different probabilities, obviously, as instead health authorities, both Ministers of Health and Instruction, university professors and also the General Practitioners keep – so it seems – thinking.

On the contrary, the individuals with diabetic "real risk" are all those who are positive to dyslipidemic "and" diabetic biophysical-semeiotic constitutions, inherited only from the mother, and associated to the diabetic Congenital Real Risk, measurable only with a simple phonendoscope, *conditio sine qua non* of diabetes type 2.

Quantum Biophysical Semeiotics allows physician, since birth, rationally and clinically to select "all" the individuals affected by dyslipidemic "and" diabetic constitutions, even latent, the only ones to enrol in the primary prevention because carriers of the diabetic congenital real risk (1-33).

Furthermore, for the first time the General Practitioner is able to monitor, clinically and objectively, the course of gluco-lipic congenital metabolic anomalies, recognizing the possible progression, slow and gradual, towards diabetes, favoured, but not caused, by the environmental risk factors: from the genetically directed alterations of lipidic "and" glucidic metabolism towards the Pre-Metabolic Syndrome first and, after, the Metabolic one, both absolutely lacking the traditional clinical symptoms, well recognized instead by Quantum Biophysical Semeiotics (21, 34, 35). (Table1)

As for the technical aspect, in the easiest way the doctor can recognize diabetic congenital real risk by an "intense" skin pinch at the level of the VI thoracic dermatome, which corresponds to the superior part of the epicondrium (= the area beneath the right and left costal arches).
In a healthy patient, "simultaneously" the gastric aspecific reflex is absent, appearing after 24 sec sharp (1-35)
On the contrary, in those patients who are predisposed to diabetes, the reflex appears "simultaneously", showing an intensity inferior to 1 cm, while in the diabetic patient is 1 cm or more, in relation to the here beneath mentioned pathology.
In other words, interesting from the practical viewpoint, reflex intensity parallels the seriousness of the alterations of amorphous fundamental substance as well as glycemic metabolism impairment, which highlights the contemporaneous intense "in toto" ureteral reflex" (1)

Interestingly, from practical view point, the intensity of reflex is directly linked to the seriousness of the glucidic dysmetabolism.

Once diabetes has been recognized, potential or overt, the doctor proceeds to the quantum-biophysical-semeiotic evaluation of the glucidic metabolism, using several methods, all reliable but different in style and information (1-35).

A therapeutic important aspect is played by the war against overweight and obesity, which facilitate diabetes onset, obviously exclusively in individuals at inherited real risk.
As a consequence, doctors have to reach the goal of maintaining the real weight near to ideal weight at the best, i.e., conserving physiological BMI.

Siniscalchi's Sign.

In health, lying down psycho-physically relaxed, in supine position with closed eyes to lower melatonin secretion, "intense" (24-28) cutaneous pintchig of VI thoracic dermatomere , i.e., trigger-point of pancreas (= the skin 3 cm. about below costal arch, at right or left), does not bring about "simultaneously" the gastric aspecific reflex, which occurs after exactly 24 sec., as after pancreas preconditioning (5, 12, 14) (Fig. 1).

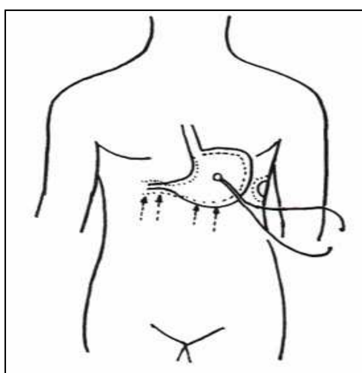

Fig. 1

The figure shows centripetal lines, along which digital percussion has to be applied, gently and quickly, starting from outer areas and moving towards the bell piece of stethoscope. For further technical information, See www.semeioticabiofisica.it, Technical Page Number 1.

On the contrary, under identical experimental condition, illustrated above, in individuals involved by Diabetic Constitution, Diabetic Constitution-Inherited Real Risk, and overt Diabetes Mellitus, of course, "simultaneously" appears the gastric aspecific reflex (respectively of 0,5 < 1 cm. and 1 cm. or more, showing an intensity of about 3 cm in diabetes out of proper control.

Conclusions.

Based on a sclerotized Physiology, incapable of giving persuasive explanations of the several quantum-biophysical-semeiotic signs and of a Biology that disregards a non-local Reality next to a local one, Western Medicine only considers biological systems which are "static" and with a rigid metabolic balance and, according to Claude Bernard and Walter Cannon, intra-correlated only through nervous and vascular ways, arterial, venous, lymphatic.
In contrast with the blind ignorance of traditional Medicine, the physiological behaviour of biological systems is indeed that of a dynamic system far away from a fixed balance, where also the single cellular and sub-cellular structures vibrate in a stochastic, unpredictable, uncertain, chaotic way.

In addition, Western Medicine erroneously considers individuals born equal and "healthy" until the moment of the onset of the disease, according to a platonic-manichean vision, vainly underpinned with "*ad hoc*" hypothesis. Western Medicine is a giant with clay feet (30).

For all the above mentioned reasons, which surely don't exhaust my *J'Accuse* against the present Middle Ages of Medicine, maid of Economy, it now time of its Renaissance, on the basis of the discoveries done in the last 50 years and which brought to the foundation of Quantum Biophysical Semeiotics (33).

Regarding the present war against DM, based on the useless screening, unfortunately until now physician fight such as metabolic, complex disorder exclusively with therapy, however showing to be not able to bring under optimal control metabolic impairment.

Quantum Biophysical Semeiotic primary prevention of type 2 DM, providing an efficacious, reliable tool, as Siniscalchi's Sign, here illustrated for the first time, allows, easily and quickly, to recognize individuals at real risk of DM, to be enrolled in the original primary prevention.

* Mario Siniscalchi, my dearest Friend, Cardiologist in Neaple, skilled in Quantum Biophysical Semeiotics of hearth disorders.

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