# Endocrinological Quantum Biophysical Clinical Diagnostic of Thyroid Cancer, starting from its Oncological Terrain-Dependent Inherited Real. Risk.

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Endocrinological Quantum Biophysical Clinical Diagnostic, original discipline born from the Quantum Biophysical Semeiotic, allows the physician to make bedside reliable diagnoses using the precious contribution of the endocrinology (1-6 ).

A thyrotropin (TSH)-secreting pituitary adenoma coexisting with differentiated thyroid carcinoma is rare. There have been only four previously reported cases; three were treated with thyroidectomy followed by pituitary resection and one was treated with thyroidectomy alone (7, 8).

Turner syndrome has been included for several years among the indications for GH treatment, generally with satisfactory outcomes. The incidence of thyroid carcinoma is rare in patients during childhood, it is unusual to find this neoplasia in children under sixteen years old. This article reports the cases of two Spanish patients with papillary thyroid carcinoma after GH treatment for TS. Recent studies have indicated a possible relationship between the GH-IGF axis and the pathogenesis of neoplasias, questioning the chance association of these two pathologies. In line with this, Authors detected GH receptor expression in the papillary carcinoma cells. Long-term prospective studies are required to clarify the possible effects of GH treatment on the risk of neoplasia (9).

I though to use this knowledge in bedside diagnosing thyroid cancer, stating from birth, i.e. from its Oncological Terrain-Dependent, Inherited Real Risk, the fact that TSH/growth-hormone-secreting pituitary macroadenoma was coexisting with thyroid cancer (6).

Subsequently, I have applied the same endocrinological principles for the study of other tumors, after observing the different behavior of the neuronal centers of the PNEI system in conditions of the intense (1,000 dyne/cm. $^{2}$) stimulation of cancer tissue (4, 8-11).

In health, the intense digital pressure, applied on the center of TSH-RH, GH-RH, SST-RH, epiphysis projection areas, brings about simultaneously intense Microcirculatory Activation, type I, associated, in every tissues: peripheral heart dilation is intense and lasts 10-12 sec. As a consequence, the local

microcirculatory flow doubles, so that the Latency Time of related Gastric Aspecific Reflex raises to 16 (basal value = 8 sec.), as in the preconditioning.

On the contrary, in case of any cancer, e.g., Thyroid Cancer, starting from birth, namely from its Oncological Terrain-Dependent, Inherited Real Risk, after a Latency Time of about 3 sec., in relation to the cancer stage, physician observes a significantly less intense Microcirculatory Activation, type I, associated. Interestingly, the Latency Time of related Gastric Aspecific Reflex does not raise to 16 (basal value = 8 sec.).

Even in the second, pathological case, it is really a reflex of simultaneity, as the simultaneous, although small, activation of the tumor micorcirculation demonstrates. In fact, under identical experimental condition, physician observes slight dilation of the peripheral heart, that lasts for about three seconds before increasing, without doubling, as it appears under normal condition.

From the differential diagnosis view-point , it proved to be of paramount importance the intense stimulation of PNEI trigger points that brings about in benign tumours of thyroid gland the same high Microcirculatory Activation, type I, associated, observed physiologically in normal tissues.

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