Caotino's Sign in bedside detecting CAD, since its initial Stage of CAD Inherited Real Risk.

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CAD environmental risk factors (about 300!) can facilitate and worsen CAD onset, rather than cause CAD, which occurs exclusively in individuals involved by CAD Inherited Real Risk, I've discovered and illustrated formerly, bedside recognized with a simple stethoscope, in quantitative way (1-8).

Unfortunately, almost all physicians and cardiologists all around the world ignore (sometimes overlook) biophysical-semeiotic constitutions and related inherited real risk, that accounts for the reason CAD is a today's growing epidemics, as generally admitted (www.semeioticabiofisica.it).

Notoriously, Coronary **Inherited** Real Risk, as well as sub-clinical, very dangerous, silent, initial stages of this disorder precede for decades coronary heart disease phenomenology.

Cad Inherited Real Risk is characterized by the presence of newborn-pathological, type I, subtype b) aspecific, Endoarteriolar Blocking Devices in coronary small arteries, according to Hammersen, especially associated with hypertension or diabetes mellitus. In following, I suggest - once again - an useful, reliable and easy clinical manoeuvre, that allows doctor to bedside recognize both CAD Inherited Real Risk and silent CAD (2-4). This manoeuvre proved to be really useful in my 53-year-long clinical experience, also in order to the bed-side recognizing heart ischemic disease before cardiac pathology occurs. Moreover, it is well known that patients with coronary artery disease (CAD) may have no symptoms at all for many years or decades and that the electrocardiographic features of ischemia may be induced by exercise without accompanying angina (2). (For further information: See my website http://www.semeioticabiofisica.it, Practical Applications).

In other words, we need a clinical tool reliable in rapid detecting CAD, even clinically silent, initiating from CAD "inherited real risk", doctor can now utilize in day-to-day practice (2). I think surely that one easy method is "Myocardial Ischemic Biophysical- Semeiotic Preconditioning", described elsewhere(2-4). From the technical viewpoint, doctor has to know, at least, the auscultatory percussion of the stomach, described even in old academic books of two last centuries (Rasario IX edition). Briefly, in health, digital pressure of mean intensity, applied upon heart cutaneous projection area, brings about the so-called gastric aspecific reflex (= in the stomach, fundus and body are dilated; on the contrary, antral-pyloric region contracts) after an age-dependent latency time of 8 sec., that lasts less than 4 sec. (= parameter value of paramount significance since it parallels the efficacy of coronary microvessel Microcirculatory Functional Reserve).

A second, successive evaluation after an interval of 5 sec. exactly, provokes the identical reflex, but after lt. of 12 sec. or more: physiological myocardial preconditioning, type I.

On the contrary, in patients involved by CAD, even silent, i.e. subclinical, latency time persists identical in both evaluations, or results clearly lower in the second one, in relation with disease seriousness: type II and respectively type III preconditioning. Of course, biophysical semeiotic preconditioning evaluation, really more complex than it appears in the above brief description, can

be applied to all others biological systems, with favourable influences on primary prevention and diagnosis (2-8).

Interestingly, since November 2007, thanks to Quantum Biophysical Semeiotics, based on no local Realm present in biological systems beside the local Realm, I demonstrated for the first time, besides the local realm, in biological systems (9-12), “simultaneously” with stimulation begin, physicians can recognize clinically healthy heart, excluding CAD Congenital Real Risk, even in individuals kilometres away: Caotino’s Sign (13-19): in health, “intense” digital pressure, applied upon a single point of Precordium (cutaneous projection area of the heart) does not bring about “simultaneously” stomach size increasing, i.e., heart-gastric aspecific reflex.

On the contrary, in individuals involved by CAD Inherited Real Risk, and under identical experimental condition, cited above, “simultaneously doctor observes a small (about 0,5 cm.) heart-gastric aspecific reflex.

Finally, CAD Inherited Real Risk can be transformed in its variant "residual", that's not dangerous, with DIET, etimologically speaking, Coniugated Melatonin, and personalized application of LLLT, including NIR-LED, acting also stimulating hearth stem cells, among others well-known action mechanisms (16).

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