

**Stomach - Gastric Aspecific Reflex (St. G. A. R.) mean-intense (= 500 - 1000 dyn x cm<sup>2</sup>) digital pressure on any skin projection of the Stomach – (stomach trigger points)**

Latency time (Lt) in seconds	Latency time after preconditioning (pause of 5 sec.)	MFR in seconds	fD & equilibria	EBD	Preconditioning	tonic cecal Contraction	Diagnosis
		3 < MFR < 4 normal MFR, associated activation, outcome +	fD ≥ 3 (ideal value fD=3.81) strange attractor	Normal EBD physiological function	Type I Physiological tissue microvascular unit	<b>No expansion (dilatation) of the blind. no tonic cecal Contraction.</b>	Health
		MFR = 4 compromised MFR, dissociated activation, outcome ±	2 < fD < 3 limit cycle	Normal, slightly modified EBD function, small number of pathological EBD	Type II A Intermediate tissue microvascular unit	<b>expansion (dilatation) of the blind less than 1 cm, immediately followed by tonic cecal Contraction!</b>	Stomach Cancer Inherited Real Risk
		4 < MFR ≤ 5 growing compromised MFR, dissociated activation, outcome ±	1 < fD ≤ 2 limit cycle	Modified EBD function, increasing number of pathological EBD	Type II B Intermediate tissue microvascular unit	<b>expansion (dilatation) of the blind more than 1 cm immediately followed by tonic cecal Contraction + Terziani manouvre</b>	Stomach Cancer Inherited Real Risk in evolution
		MFR > 5 absent MFR, dissociated activation, outcome –	fD = 1 fix point	Normal EBD function pathological, large number of pathological EBD	Type III Pathological tissue microvascular unit	<b>expansion (dilatation) of the blind more than 1 cm immediately followed by tonic cecal Contraction. Do Terziani manouvre</b>	Overt Stomach Cancer