

**Il Congresso Nazionale della SISBQ
Chiusi (Siena) 28-29 Maggio 2011**

Sergio Stagnaro

**Il Segno di Rinaldi nella
Diagnosi clinica di Terreno
Oncologico di Di Bella e di
Cancro solido e liquido in atto.**

Cancro, solido e liquido, una “Epidemia” in Aumento

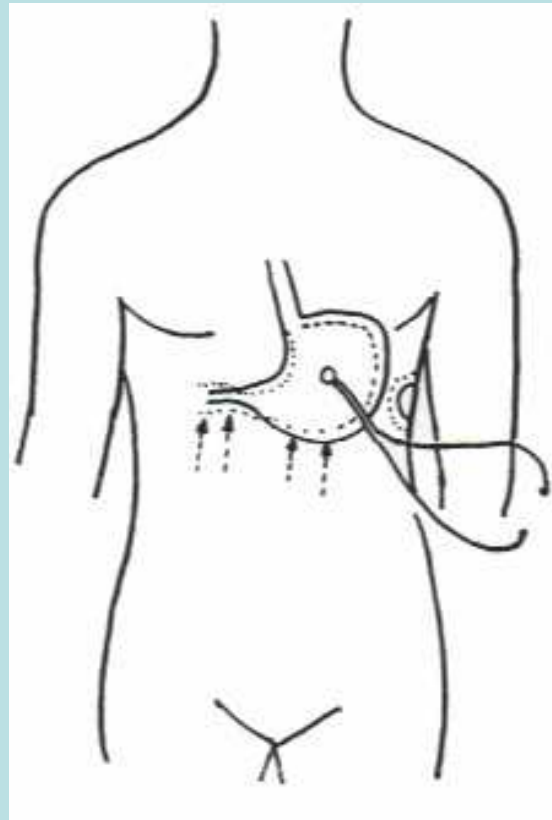
“Chi non ha senso del domani non avrà senno nell’oggi;
l’oggi è inesorabilmente sempre venturo,
non così le cose sperperate.”

(Alfredo Obertello, L’Oro ch’è Cibo)

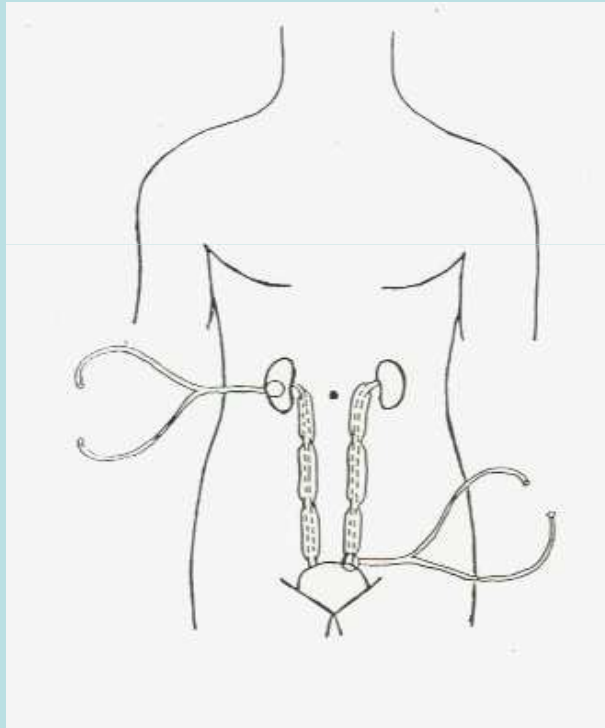
“I start with the assumption, perhaps a prejudice, that cancer is a preventable rather than a treatable disease, and that much of our frustration with the “cancer problem” stems from our inability to bring this concept to fruition”.

(M.B. Sporn, Cancer Research, 51, 6215-18, 1991)

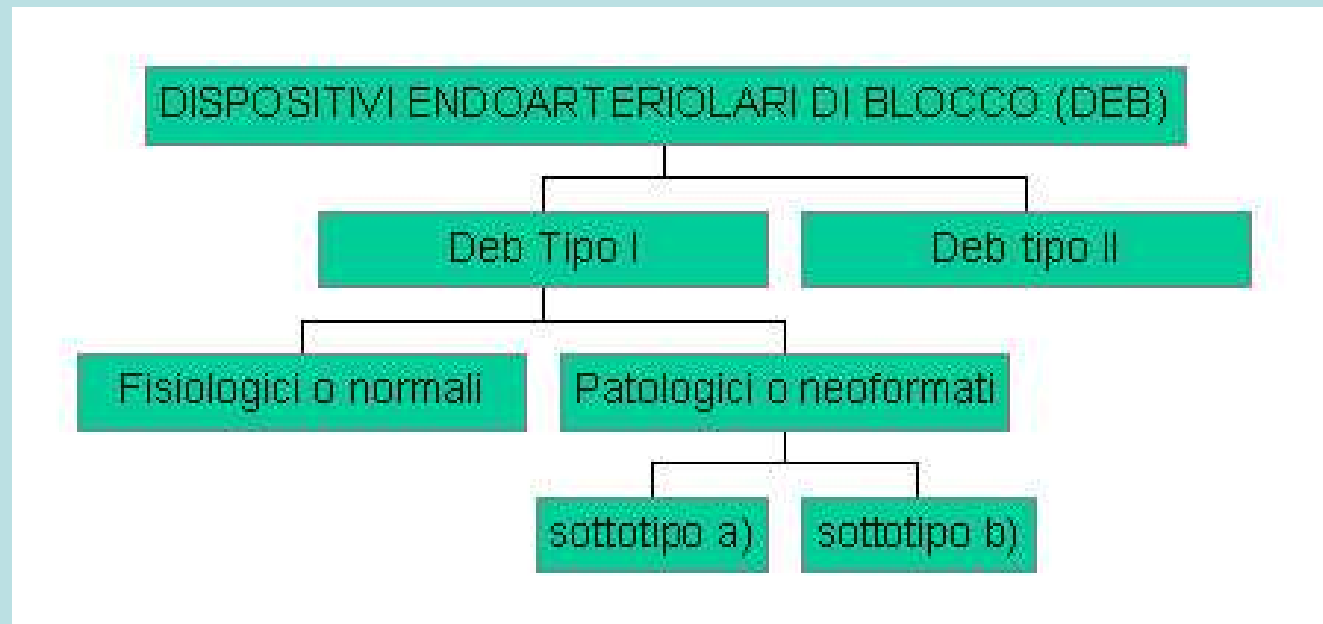
Riflesso Gastrico Aspecifico



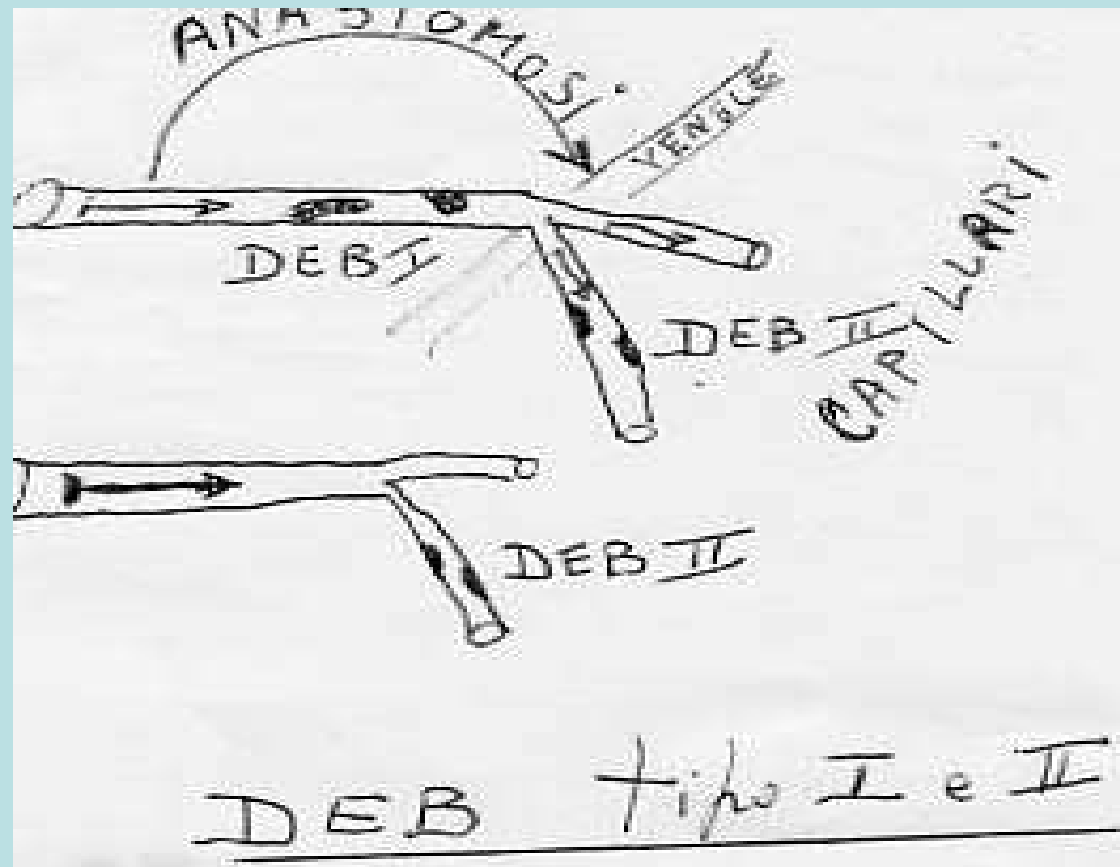
Riflessi Ureterali



DISPOSITIVI ENDOARTERIORI DI BLOCCO

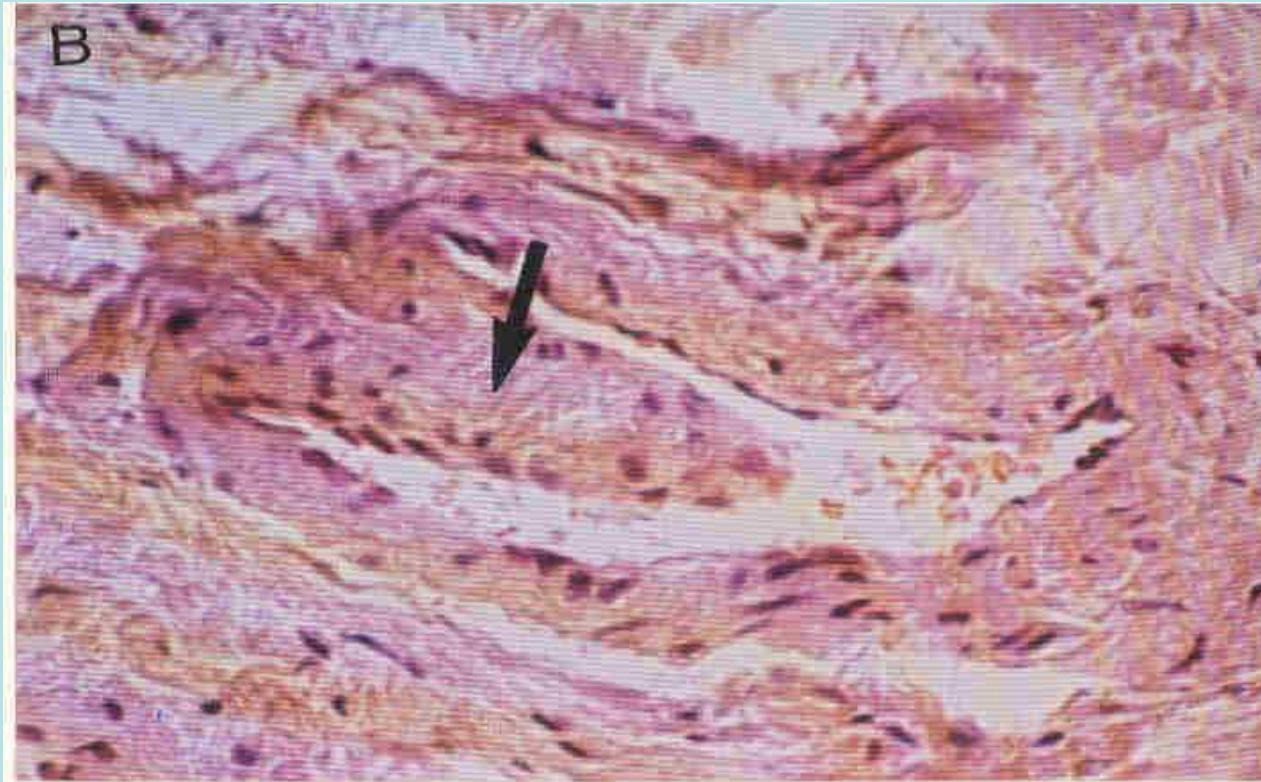


DEB TIPO I e II



DEB TIPO I, FISIOLÓGICO, a proboscide di elefante (Da S.B. Curri, per gentile permesso)

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Dispositivi Endoarteriolari di Blocco

DEB I tipo fisiologico:

**Intensità $\geq 1,5$ cm. ≤ 2 cm.; Durata = 20 sec. \Rightarrow
Chiusura = 6 sec. (Pr. Massima \downarrow scompaiono)**

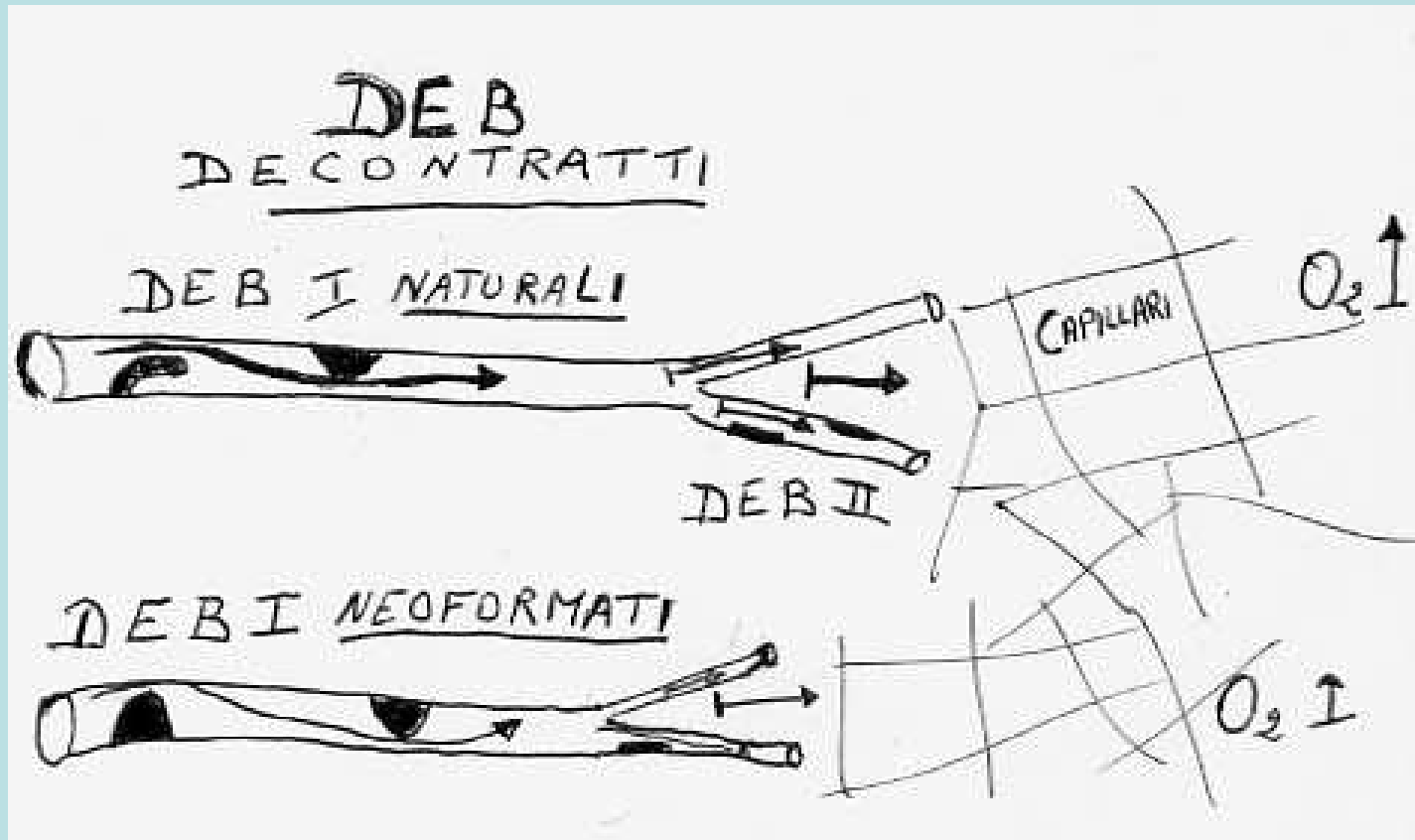
DEB II tipo ubiquitari, fisiologici:

**Intensità $\geq 1,5$ cm. ≤ 2 cm.; Durata = 7 sec. \Rightarrow
Chiusura = 6 sec. (Pr. \downarrow scompaiono)**

DEB I neofornati-patologici, sottotipo ALFA (e BETA)

**Intensità ≥ 2 cm. D= 20 sec. \Rightarrow Chiusura= 6 sec.
(Pressione Massima \downarrow non scompaiono!)**

DEB E FLOW-MOTION



PRECONDIZIONAMENTO E DEB

Various Types of Biophysical-Semeiotic Preconditioning

Physiological, type I Preconditioning → Tissue-microvascular unit type I, associated activation
→ MFR normal → outcome +
(normal EBD *Physiological Function*)

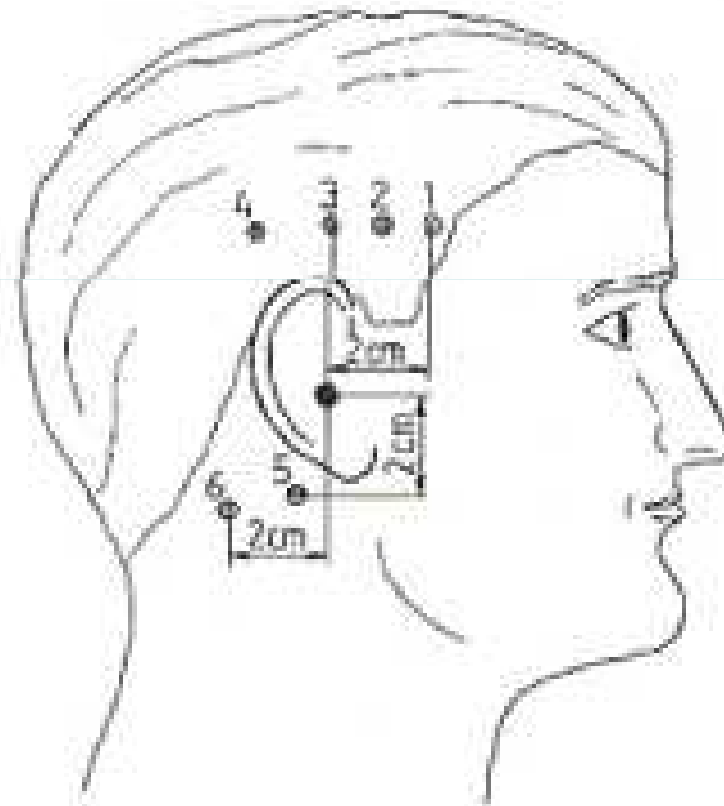
Intermediate, type II Preconditioning → Tissue-microvascular unit type II, dissociated activation → MFR compromised → outcome ±
(normal EBD function slightly modified, and small number of pathological EBD)

Pathological, tipo III Preconditioning → Tissue-microvascular unit type III, dissociated activation → MFR absent → outcome -
(normal EBD function *pathological*, and large number of pathological EBD)

Tab. 2

Centri Neuronali del Sistema Biologico PNEI

- 1 TSH-RH
- 2 SST-RH
- 3 GH-RH
- 4 EPFISI
- 5 FSH-RH
- 6 ACTH-RH



Di Bella's Oncological Terrain CAEMH - Dependent

Increased:

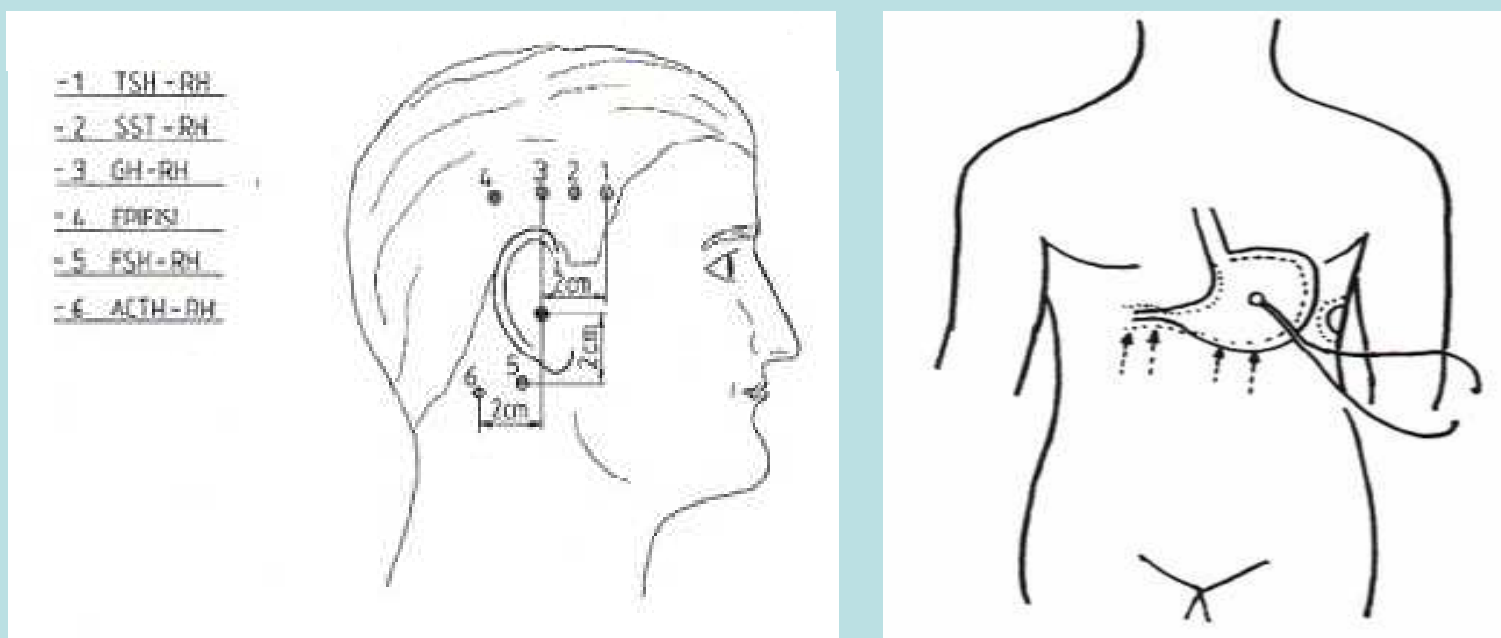
Growth Hormon; Insulin and I.G.F.s; PRL;
Free Radicals; ACTH; insulinaemia-
Insulinresistance;

Lowered:

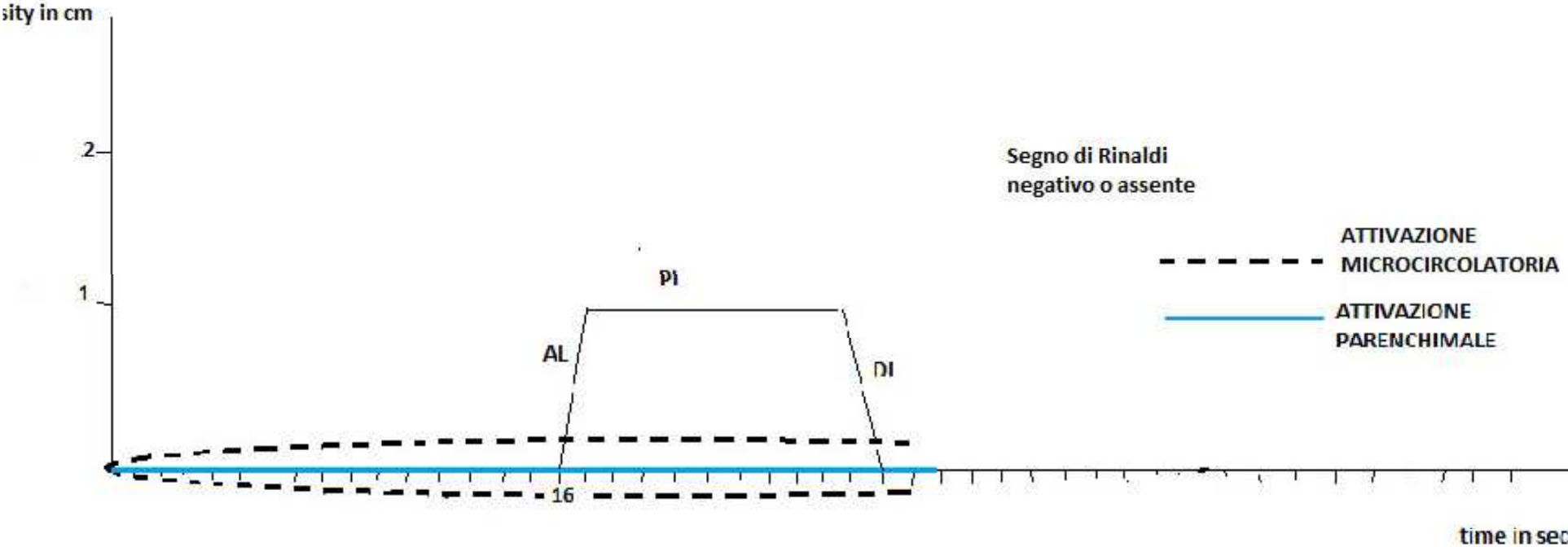
SST; Melat.; End. Oppioids; Vit. A, E;
Co. Q 10; Carnetine

IL SEGNO DI RINALDI

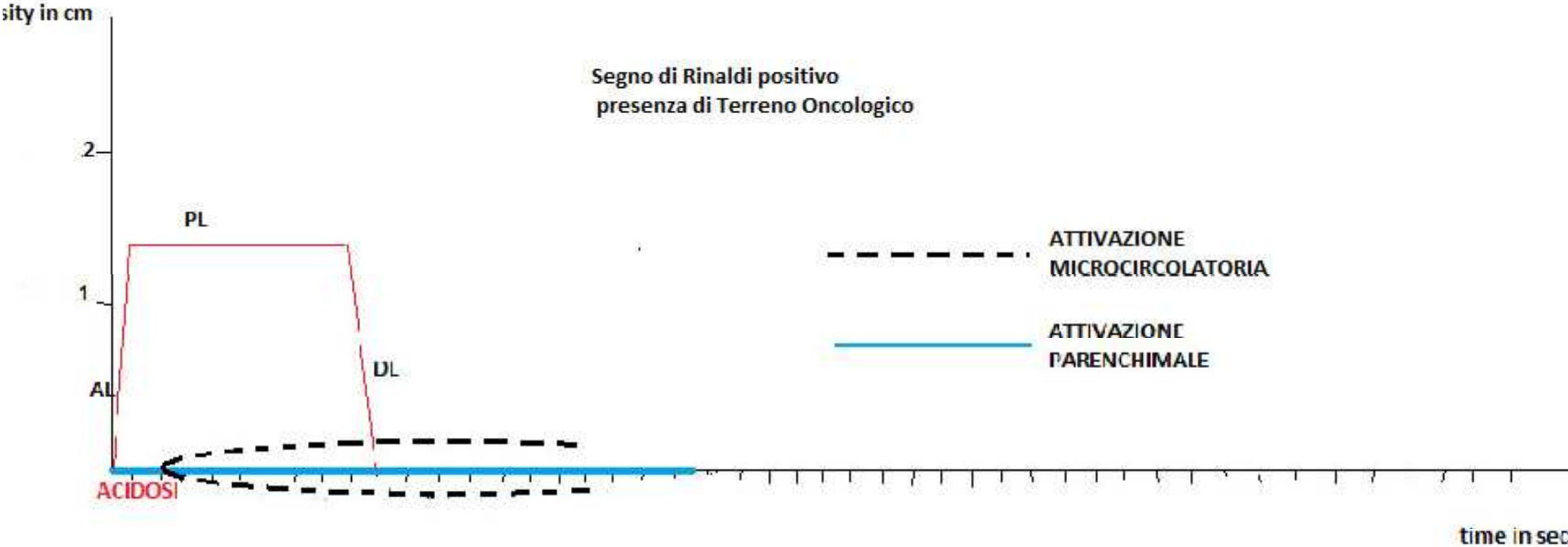
Nel Soggetto con **Terreno Oncologico**, anche **latente** o **residuo**, la Pressione digitale “intensa”, applicata sopra la Proiezione cutanea del Centro Neuronale del SST-RH (2), o dell’Epifisi (4), “simultaneamente” provoca il Riflesso Gastrico Aspecifico, sempre assente nel Sano.



Segno di Rinaldi Negativo



Segno di Rinaldi Positivo



Oncological Terrain

Epiphysis - Gastric Aspecific Reflex (Ep. G. A. R.) intense digital pressure on cutaneous projection of epiphysis

| Latency time (Lt) in seconds | MFR in seconds | FD & equilibria | EBD | Preconditioning | tCG | Diagnosis |
|------------------------------------|---|---|--|---|---|---|
| Lt = 16 Negative Rinaldi's Sign | 3 < MFR < 4 normal MFR, associated activation, outcome + | 3 FD + (ideal value FD=3.81) strange attractor | Normal EBD physiological function | Type I Physiological tissue microvascular unit | Absent | Health |
| Lt = 0 positive Rinaldi's Sign | 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 | tonic Gastric Contraction - tGC - local autoimmune syndrome - accompanied by gallbladder - and splenic contraction - decongestion: positive tCG | Oncological Terrain (see tables about different types of cancer to refine the diagnosis) |
| Lt = 0 positive Rinaldi's Sign | 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 | tonic Gastric Contraction - tGC - local autoimmune syndrome - accompanied by gallbladder - and splenic contraction - decongestion: positive tCG | Inherited Real Risk of Cancer (see tables about different types of cancer to refine the diagnosis) |
| Lt = 0 positive Rinaldi's Sign | 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 | tonic Gastric Contraction - tGC - local autoimmune syndrome - accompanied by gallbladder - and splenic contraction - decongestion: positive tCG | Overt Cancer (see tables about different types of cancer to refine the diagnosis) |

Table 1. Legend: MFR (Microcirculatory Functional Reserve); EBD (Endoarteriolar Binding Device); CAD (Coronary Artery Disease; FD (fractal Dimension); Lt (Latency time) Carmel S., Stagnaro S.

Conclusioni

La Semeiotica Biofisica Quantistica permette al Medico di riconoscere *bedside* e quantificare sia il Terreno Oncologico di Di Bella sia il Reale Rischio Congenito Oncologico, indipendentemente dalla sua localizzazione.

Un Ruolo centrale sia nella Prevenzione Oncologica, Pre-Primaria e Primaria, sia nella Diagnosi di Cancro in atto, è svolto dal **Segno di Rinaldi**, affidabile, di semplice e rapida esecuzione nel selezionare in modo razionale gli individui solo *apparentemente* sani, ma in realtà TERRENO ONCOLOGICO-positivi.