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Rinaldi's Sign in bedside Diagnosing Di Bella's Oncological Terrain and overt Cancer, solid and liquid.

(by Sergio Stagnaro*)

"not to autumn I will yield, not to winter even"
(W.B.Yeats).

Summary.

The efficacious primary prevention of malignancy growing epidemic, is possible if doctor can bedside recognize, in a quantitative way and on very large scale, individuals at inherited real risk of tumour, allowing to direct rationally current diagnostic and therapeutic strategies, which proved to be reliable and efficacious. In the paper, quantum-biophysical-semeiotic diagnostic method, including **Rinaldi's Sign**, easy to apply in bed-side detecting and quantifying Di Bella's Oncological Terrain, i.e., Oncological Constitution, *conditio sine qua non* of malignancy, solid as well as liquid, and in diagnosin cancer, even initial, is fully described.

Introduction.

Before illustrating *Clinical Microangiology* of malignant tumours, both solid and liquid, it is necessary to describe in details the oncological terrain, i.e., *oncological constitution, pre-oncological Stage*, where is constantly present the Congenital Acidosic Enzyme-Metabolic Histangiopathy (CAEMH), *conditio sine qua non* of all predispositions to the most common and serious disorders, including Di Bella's oncological terrain, and, therefore, every malignancy, elsewhere exhaustively illustrated (1-14) (See web site http://www.semeioticabiofisica.it).

CAEMH, a congenital, functional, mythocondrial cytopathology, inherited almost from the mother, lasts all life long, although variable in intensity in relation to life-style, diet, ethymologically speaking, and employment of both bioactive products and histangioprotective drugs.

On the contrary, oncological terrain, originated on the basis of CAEMH, can disappears under favorable condition, or increased by unfavourable enviromental situations, by improper diet, etymologically speaking, which acts in a negative manner on the CAEMH severity as well as on the biological system controlling oncogenesis.

In other words, oncological terrain, wherein CAEMH plays a major role, can be induced in case of "Latent Oncological Terrain", and fortunately reversed, almost completely, i.e., to its "residual" variant, no dangerous, with the aid of correct diet, etymologically speaking, by means of histangioprotective treatment, and personalised applications of LLLT and/or NIR-LED (See later on).

Quantum Biophysical Semeiotics allows doctor to recognize and evaluate "quatitatively" the *oncological constitution*, by the aid of a large number of methods, different in simplicity, refinement, practical application and amount of information. The usefulness of all these clinical methods, in general practitioner's day-to-day work, is pointed out by the fact that absence of oncological terrain rules out the presence of malignancy, avoiding the Jatrogenetic Psychological

Terrorism, influencing remarkably further diagnostic *iter*, large scale primary prevention, rationally performed, and ultimately therapeutic monitoring (14).

In fact, age, sex, familiarity have *now* , i.e. from biophysical semeiotic point of view, a very little value in oncological prevention, because exclusively clinical recognition of oncological terrain requires urgently that patient undergoes instrumental and sophisticated semeiotics, promptly, in a rational manner, after ascertaining the microcirculatory activation type II, non-associated (1, 2) [= *pathological preconditioning* in above-sited site] even in a small part of well defined biological system, where *preconditioning* results *pathological*, besides to other numerous biophysical semeiotic signs.

In every human, there are about 10^{13} cells: not all of these cells, but almost all, can grow and replicate to present as a clinical cancer in every time, due mutations occurring during cellular reproduction. However, cancer is a *rare* disease at the cellular level. As a matter of facts, up to 30% of all individuals in the developed countries will present clinically with one of a wide variety of cancer at some time of their life. Consequently, if the number of cell at risk is taken into account, given the *relatively small* cases of malignancies, solid and liquid, it is obvious that this disease only rarely escapes normal protective systems. Therefore, tumours can originate and grow exclusively when psycho-neuro-endocrine-immunological system is profoundly modified. As regards both primary prevention and clinical diagnosis of malignancy, in my opinion, essential is answering to the following question:

"What does carachterize oncological terrain from the clinical point of view?".

In fact, in order to achieve efficacious prevention *on very large scale* it is unavoidable that all the modifications occurring in the biological controll system could be easily and promptly ascertained and properly evaluated with the aid of clinical method, i.e. by the use of a stethoscope, and certainly without application of sophysticated semeiotics, that can not be applied on all individuals, and, moreover, only a few doctors can utilize them.

If the reply is affirmative, a second question immediately follows:

"**The oncological terrain, which certanly can be induced, is also in some way reversible?**"

It is urgent and necessary to know if the oncological terrain can be reversed, i.e. it can totally or greatly disappeare, with the aid of drugs or diet, etymologically speaking, which exert a favourable influence on modifications of the psicho-neuro-endocrine-immunological system, corroborating the Principle of recursive genoma function, according to Pellionisz A. J. (17).

Congenital Acidosic Enzyme-Metabolic Histangiopathy (CAEMH). Reticulo-Endothelial System Hyperfunction Syndrome.

At first, we must both face and resolve essential problems concerning oncological terrain, discussing, once more, accurately the pathological mitochondrial condition, which represents its fundamental basis, when it is particularly severe: CAEMH (3, 4, 5, 8-15) (See Congenital Acidosic Enzymo-Metabolic Histangiopaty in above-cited web site)

CAEMH, *conditio sine qua non* of oncological terrain and all other quantum-biophysical-semeiotic constitutions (See: Constitutions in web-site), represents really a severe alteration of mitochondrial oxidative phosphorilation processes, i.e. ATP synthesis, as well as nucleophyl substitution, variable in intensity from individual to individual, from tissue to tissue and from area to area of the same tissue.

From morphological view-point, it is well-known that CAEMH is characterized by prevalence of right cerebral hemisphere – *right cerebral dominance* – or more correctly said, of right *Planum temporale*, which is notoriously located between Heschl's convolution (*gyrus*) and posterior part of Silvio's fissure.

The most rapid and easiest method reliable in bedside ascertaining CAEMH, on the base of Quantum-Biotics, is the following: in health, without CAEMH, intense" digital pressure, applied upon whatever skull point is not associated "simultaneously" by gastric aspecifi Reflex (Fig. 1)

On the contrary, in a subject, involved by CAEMH, under identical contition, physician observes "simultaneously" such as reflex, showing an intensity less than 1 cm.

Soon thereafter, physician not jet skilled in Quantum Biophysical Semeiotics, can corroborate the gathered data as follows:

one can ascertain CAEMH as elsewhere described (See above). However, it is advisable an easiest manner, briefly illustrated in following: in healthy individual in supine position and psycho-physically relaxed, doctor applies its left hand, at first, on right parietal-temporal region of the subject, and then on the left one, when the individual to be examined presses forefinger-pulp and thumb-pulp together, obviously at first, of the left hand and, subsequently, of the right one; at the same time doctor evaluate somatosensorial evoked potentials (SEP_s) (7-10) [= in pratice, latency time of the cerebral-gastric aspecific reflex, as indicated in Fig. 1].

In case of CAEMH, latency time (lt) of the reflex is **6** sec. when trigger-points of right hemisphere are stimulated, whereas lt results **7** sec. if left cerebral trigger-points are activated; in later situation, intensity of gastric aspecific reflex appears clearly smaller: 2 cm *versus* 1 cm. respectively. Of course, the degrees of reflex intensity are reversed in presence of dominance of left cerebral hemisphere.

At this point, in order to observe the interesting evolution from CAEM-α to oncological terrain, one must remember, once a time, an usefull biophysical semeiotic syndrome, really helpful to general pracitioner in everiday activity : the Rethyculo-Endothelial System Hyperfunction Syndrome (RESHS), that is subdivided in "complete", "intermediate" and "incomplete" type (6).

As far as clinical significance is concerned, CAEMH corresponds to increased ESR and proteins electrophoresis alterations, but surely is of both more sensitive, specific and, therefore, reliable. In fact, in case of a slight attack of flu, e.g., (or, even, in advanced malignancy) it often turns out that both laboratory tests are in normal ranges, while RESHS "incomplete", carachteristic of this viral disease, is always present since the first, asyntopmatic stage, when evaluated by aid of the **Restano's maneouvre** [= *patient clinches fists and does not breath, i.e. boxer's and simultaneously apnea test: sympathetic hypertonus*] (See later on): in healthy young person, psycho-physically relaxed, in supine position, digital pressure of "mean" intensity, applied on mean line of breast-bone, iliac crests and spleen projection area, provokes the gastric aspecific reflex after a latency time of **10 sec.**: physiological RESHS (Fig.1).

In case of bacterial infection, contagious diseases of infancy, *viral* in origin, connective tissue disorders (Rheumatoid Arthritis, Lupus Erithematosus, a.s.o.), malignant tumours, a.s.o., lt decreases to **6** sec. with a latency time of reinforcing [= *augmentation of reflex intensity*] of **8 ± 1** sec.: RESHS "complete".

On the contrary, in commom viral diseases, as in flu, digital pressure, applied on cutaneous projection area of spleen does not brings about any gastric aspecific reflex, because white germ centres of splenic (red) pulp are not activated in these conditions: RESHS "incomplete".

On the contrary, in Herpes Zoster as well as in common infectious diseases of infancy, caused by viral, interestingly doctor observes type "complete" RESHS

Finally, in bacterial disorders, provoked by Gram-negative, i.e. in common acute cystitis (*E.coli*) or in antritis brought about by *H. pylori*, RESHS turns out to be "intermediate" (Tab.1).

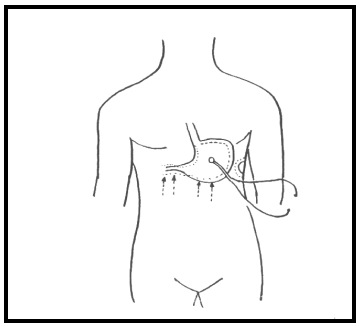

Fig. 1

Reticulo-Endothelial System Hyperfunction Syndrome: in the stomach, both fundus and body are clearly dilated, while antral-pyloric region contracts (= gastric aspecific reflex), when digital pressure of mean intensity is applied on middle line of breast-bone, iliac crests and, only in the "complete" type, also on cutaneous projection area of the spleen (See text and Tab 1).

RESHS: types and clinical significances.

Type "complete"	Trigger points: breast-bone, iliac crests, skin projection area of spleen	Bacterial diseases, viral contagious diseases of infancy, rheumatisms, malignancy
Type "intermediate"	Splenic trigger point provokes a g.a. riflex of lower intensity	Disorders caused by Gram-negative (Cistytis by Esch. coli; antritis by HP)
Type "incomplete"	Spleen is not trigger-point of the reflex	Flu viruses

Tab. 1

Interestingly, RESHS allows doctor to monitoring in objective manner the course of whatever disorder in objective manner. As a matter of facts, the degree of both lt and lt of reflex reinforcing provides essential information about the course of the underlying illness.

From the practical view-point, it is of interest that exclusively during the changing of RESHES, from "incomplete" to "complete" type, doctor has to prescribe immediately, without delay, antibiotic drugs.

A 55-year-long, well-established experience allows me to state that doctor can recognize easily, with the aid of Biophysical Semeiotics, individuals CAEMH-positive at oncological inherited real risk, quantifying it and estimating the probability of tumour in well-defined part of whatever biological system (11).

Restano's Manoeuvre Type A and Type B.

In 85% of malignant tumours, both solid and liquid, in initial stage and in 100% when malignancy is sufficiently advanced, RESHS shows the "complete" type, chracterized by latency time (lt) of only **3** sec. and latency time of reinforcing of **5,5 ± 0,5** sec.

On the contrary, in common viral diseases of infancy and in bacterial disorders, connectivitis, a.s.o., lt is **6** sec. and latency time of reinforcing is **8,5±0,5** sec.; p <0,001.

In patients, succesfully operated of malignant tumour, lt is 10 sec. (NN = 10 sec.), but after *apnea test*, lasting 10 sec. and *boxer' tests*, employed simultaneously, i.e. **Restano's manoeuvre**, lt is pathologically lower (**3** sec.) and lt of reinforcing turns out to be **8 ± 1** sec. (Tab.1 and 2).

Interstingly, in healthy, without positive family history for tumours, **Restano's manoeuvre** brings about only a small modification of basal lt and lt of reinforcing is 9,5 ± 0,5 sec.

Finally, it is of great interest that in both initial stage of tumours in 15 % of cases and patients at risk of cancer, basal value oscillate in normal ranges, but it becomes plainly *pathological* after **Restano's manoeuvre,** obviously with different degree (Tab. 3)

Restano's manoeuvre and RESHS

(in parentheses basal values)

	tl	tl del rinforzo
85% P. with initial and all with advanced tumour	3 sec. (3 sec.)	5,5±0,5 sec. (5,5±0,5 sec.)
P. successfully operated of tumours	3 sec. (10 sec.)	8,5±0,5 sec. (>10 sec.)
Healthies without familiarity for tumours CAEMH-α-neg.	8,5 ±0,5 sec. (10 sec.)	9,5±0,5 sec. (>10 sec.)
P.CAEMH-α-positive but at oncological risk and 15% P. with initial neoplasm	3 sec. (10 sec.)	7±1 sec. (>10 sec.)

Tab. 2

Restano's manoeuvre

type A: lt 3 sec gastric aspecific reflex	I ≤ 1 cm.	tl II ≥ 9 sec.
tipo B: tl 3 sec. gastric aspecific reflex	I > 1 cm.	tl II 6-8 sec.

Tab. 3

At this point, doctor must remember the essential role, **Restano's manoeuvre** plays in moving from CAEMH-α syndrome to cancer growing. **Restano's manoeuvre** represents, indeed, the activation of Reticulo-Endothelial-System (RES), at the present time termed Monocyte-Macrophage System. As indicates Tab. 3, there are two type of such as manoeuvre: type A and type B.

In order to perform correctly and to evaluate "quantitatively" the manoeuvre, subject, who undergoes examination, is invited not to breath for 10 sec. (*apnea test*), or alternatively doctor

applies intense, occlusive digital pressure on a brachial artery for the same time (10 sec.), i.e. "variant" **Restano's manoeuvre,** as well as to clinching fists: *sympathetic hypertonus*.

Before the individual keep again to normally breath, doctor applies digital pressure on middle line of breast-bone (or on iliac crests or cutaneous prjection area of the spleen) for evaluating RESHS [= *lt of gastric aspecific reflex,i.e. sundus and body of the stomach appear dilated, while antral-pyloric region contracts, and lt of reflex reinforcing]* (Tab. 1).

As described-above, **Restano's manoeuvre** points out RES activation. As a matter of facts, e.g. during infectious disorder, it appears *earlier* type A, and then type B, and *finally*, "complete", "incomplete" or "intermediate" type RESHS, in relation to the nature od underlying disese.

On the other hand, when therapy ameliorates disorder and patient improves, first of all RESHS disappears, and therafter also type B of the manoeuvre is not ascertained, while appears type A , which lasts as far as patient completely recovers.

The presence of **Restano's manoeuvre** type B, i.e. the activation of Reticulo-Endothelial System, is due to the fact that marrow products mononuclear cells, which migrate to the thymus and lymphoid tissues, as well as myelopeptides, that stimulate antibodies synthesis, in order to increase biological defense. Consequently, there is marrow microcirculatory activation type I, associated [= "*light" digital pressure on breast-bone, e.g., provokes three ureteral reflexes, which permit doctor to evaluate vasomotility and vasomotion of marrow microcirculation, by the intensity of reflexes fluctuation.* See web site www.semsioticabiofisica.it/microangiologia].

Following experimental evidence corroborates my above-illustrated interpretation: in healthy, "intense" digital pressure on trigger-points for evaluating RESHS (middle line of breast-bone, iliac crests) after about 20 sec. increases the antibodies biophysical semeiotic syndrome (12) [= *light digital pressur, applied on MALT skin projection, i.e. breast-, liver-, spleen-, urinary bladder-, appendix-, middle clavicular line- a.s.o., cutaneous projection areas, provokes physiologically after **6** sec. gastric aspecific reflex of **2** cm. in intensity*: *chronic antibodies synthesis syndrome*], that from the chronic type becomes clearly of acute type, where lt appears to be **3** sec. and intensity **> 2** cm.

On the contrary, in individual with oncological terrain stimulation of antibodies synthesis appears to be whether absent or not statistically significant (lt of MALT-gastric aspecific reflex: 5-6 sec.). Moreover, in healthy, digital pressure on middle line of breast-bone, after a lt of about 20 sec., increases the diameters of BALT cutaneous projection area (↑ 3 cm.), while in oncological terrain they increase only ≤ 1 cm. [= *auscultatory percussion of both posterior and anterior thoracic wall, allows doctor to ascertained , along middle scapular and, respectively, clavicular line, three round hypophonetic area – BALT - of a diameter oscillating in a chaotic-deterministic manner, **6** times/min, from **0,5** cm. to **1,5** cm., with a period varying from **9** sec. to **12** sec.- mean value **10,5**, a fractal number, as do all biological systems*].

Interestingly, in healthy individual digital pressure of mean intensity, applied on breast-bone provokes, after about 20 sec., intense increasing (**≥ 2 cm.**) of BALT cutaneous projection areas, with augmentation of antibodies synthesis (12) [= *lt of MALT-gastric aspecific reflex lowers from 6sec.to 3 sec. and reflex intensity clearly increases to ≥ 2 cm.*], while in presence of oncological terrain the encreases is ≤ 1 cm.).

To demonstrate both internal and external coherence of biophysical theory it is whortwhile that simultaneously, during **Restano's manoeuvre,** all sites of antibodies synthesis (MALT) show biophysical semeiotic features of active hyperemia, more precisely speaking, *the microcirculatory activation type I, associated* (See earlier), of course of different intensity in relation to causal agent, indicating the acute phase of antibodies production.

Notably, the following clinical evidence corroborates this interpretation: in healthy, subcutaneous injection of desensitizing vaccine, according to Besredka, or, eg., anti-flu vaccine, induces first the type A, and later type B manoeuvre and finally RESHS.

While in **Restano's manoeuvre** type A is always contemporaneously present Selye's syndrome, variable in intensity, beside type B doctor observe characteristic modifications of psycho-neuro-endocrine-immunological system, as in malignancy, liquid or solid, as well as in patients, who successfully underwent to surgery. I have termed this pathological situation of biological systems for protecting against cancer as "oncological terrain".

As regards the evaluation of neuro-stimulatotors, neuro-modulators, hormonal neuro-modulators, free-oxygen-radicals, and preconditioning see above cited my web site.

Di Bella's Oncological Terrain.

Quantum Biophysical Semeiotics allows doctor to both bedside recognize and "quantitatively" assess the biological terrain, on which cancer can originate and grow (Tab.4, 5, 6).

Increased:	G. H.	I.G.F.$_s$	PRL	free Radicals	Hyperinsulinemia-insulinresistance
Lowered:	SST, Melat.	Oppioids	Vit. A, E	Co. Q 10	Carnetine

Tab.4

Di Bella's ONCOLOGICAL TERRAIN: DIAGNOSIS AND QUANTITATIVE EVALUATION

CAEMH-α	PRESENT (100%) G. aspecific REFL. > 2 CM.
BALT WITH CLOSED EYES	LT> 3 SEC. I < 3 CM. D < 30 SEC.
ANTIBODIES SYNTHESIS WITH CLOSED EYES	LT> 3 SEC. I < 2 CM. D < 30 SEC.
MELATONIN AND SPLANCNIC DECONGESTION	LT> 3 SEC. I < 2 CM. D < 30 SEC.
SST-RH "IDEM"	LT 5 SEC. I < 2 CM. D < 25 SEC.
GH-RH "IDEM"	LT> 5 SEC. I < 2CM D < 20 SEC.
MELATONIN, SST,GH, ENDOGENOUS OPPIOIDS AND PERISTALTIC WAVE VELOCITY	T < 10 SEC.
ACTH-RH AND ADRENO-CORTICAL CONGESTION	D > 20 SEC.
SIMULATED SUCKING TEST	D > 7 SEC. and than longer
HIPERINSULINEMIA-INSULINRESISTANCE	D > 12 SEC.(AS LT REFLEX.GASTRIC-ASPECIFIC)
GH E MICROCIRCULATORY ACTIVATION	TIPO II , DISSOCIATED
PRECONDITIONING	PATHOLOGICAL
ETC.	

Tab.5

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 +	fD ≥ 3 (ideal value fD=3.81) stange attractor	Normal EBD phisiological 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 Blocking Device); CAD (Coronary Artery Disease; fD (fractal Dimension); Lt (Latency time) Caramel S., Stagnaro S.

Tab. 6

Complete, exhaustive biophysical semeiotic evaluation of psycho-neuro-endocrine-immunological system as well as of products, indicated in Tab.5, needs obviously a years-long

study and exprience at the bed-side. Due to lack of space, I invite the reader, who like to complete this topic, to see former articles (1-7) as well as Bibliography, in above-cited site.

However, I describe a method, easy to performe, reliable in detecting the presence of oncological terrain, as follows: in healthy, supine and psycho-physically relaxed, during rythmic palpation of breast (*similuated sucking test,* SST) the mammary gland-gastric aspecific reflex lasts **7** sec. exactly. On the contrary, in oncological terrain the duration augments to **8-9** sec. ($p < 0,01$) due to prolactin increasing.

In addition, digital pressure, applied 2 cm above external acoustic meatus [=*cutaneous projection area of GH-RH neuronal center*], physiologically gastric aspecific reflex, during SST, continus for < 10 sec., while in case of oncological terrain is **≥ 10 sec.** in relation to the degree of hormonal dysfunction.

In fact, in such condition there is a loss of balance as far as regards restraining and stimulating substances acting on prolactine secretion (hormons, neuro-transmitters, a.s.o.) in favour of the later ones. Actually, SST, easy to perform in a few seconds, plays a primary role in detecting complicated modifications in biological systems that defend humans against cancers.

In healthy, in whom basal value of SST is 7 sec., digital pressure of mean-strong intensity on mandibular nerve lasting 30 sec., induces endogenous opiates secretion, whereas lowers duration of gastric aspecific reflex during SST to **≤ 6 sec**. (NN = 7 sec.) (7).

On the contrary, apnea test (10 sec.), by means of sympathetic activation and subsequent adrenaline and nor-adrenaline secretion, brings about the SST to **12 sec.**

In presence of oncological terrain, because of hormonal levels and neurotransmettitors modifications, gastric aspecific reflex during to SST, lasts for *more than 12 sec.*, due to severe reduction of endogenous opiates as well as somatostatine, whereas prolactin clearly increases. Consequently, **Biophysical Semeiotics** permits doctor to corroborate at the bed-side the relation between immunological process and psycho-neuro-endocrinological, I illustrated clinically in earlier articles (1-7) (See above-cited site, Bibliography).

There are others and numerous methods, rapid and easy to perform at the bed-side, to estimate in reliable manner the presence and intensity of oncological terrain, apart from the "direct" evaluation of GH-RH, ACTH-RH, SST-RH and melatonin-secretion or to "quantitative" assessment of endogenous opiates, resulting an *easy diagnosis*, useful for large scale screening.

In following, I describe briefly some very practical method for evaluating oncological terrain:

1) First doctor evaluates the dimension of cutaneous projection area of one BALT site, than he invites patient to close intensively both eyes, in order to avoid the light. After 5 sec. or more, of course, in healthy individual, the same cutaneous area clearly increases, in direct relation to the intensity of melatonin secretion: normally diameter doubles reaching the value of 6 cm. (NN = 3 cm.), whereas in oncological terrain augments slightly: ≤ 1 cm.

2) Analogously, BALT-gastric aspecific-reflex physiologically shows a lt of **6 sec.** (*chronic antibodies synthesis*), but lowers to **3 sec.** after closing both eyes (5 sec. therafter) with an intensity greater than that of basal one.

On the contrary, in case of oncological terrain lt as well as intensity of the reflex appear modified in a small manner, in inverse relation to the seriousness of disorder.

3) In healthy subject, apnea test, lasting about 10 sec., reduces of 1/3 diameter o cutaneous projection area of a BALT site, whereas in patient involved by oncological terrain the lowering reaches only 2/3 or less.

Central Role of Simulated Sucking Test in Bedside Diagnosing Di Bella's Oncological Terrain.

The assessment of oncological terrain by means of both Simulated Sucking Test (SST) and simultaneous breast preconditioning offers to doctors interesting and useful information: one evaluates basal duration of SST, i.e. during rhytmic palpation of a mammalian gland doctor must assess duration of breast-gastric aspecific reflex, (NN == **7 sec**. exactly).

After precisely **5 sec.,** doctor performes again the manoeuvre for a second time (or a third time): biophysical semeiotic preconditioning.

In healthy, the duration decreases by degrees to **6 sec** and **5 sec**, respectively, since such as test increases the dopaminergic tone of diencephalohypophysial axis physiologically.

On the contrary, in oncological terrain the duration rises, first to **8 sec.** and finally to **≥ 12 sec.,** in consequence of abnormal dopaminergic tone.

Notoriously, under this condition and in malignant tumours the dopaminergic tone of diencephalohypophysial axis appears reduced and consequently prolactin secretion augments. Therefore, the diagnostic value of SST and quantum-biophysical-semeiotic preconditioning is of paramount importance in both ascertaining oncological terrain and diagnosing malignancy.

As a matter of facts, in malignant cancers, solid as well as liquid, basal SST persists for **≥ 10 sec.**; identical value is observed in initial stages of cancer, in patients who successfully underwent surgery and, finally, in individual at real risk of tumour, i.e.with oncological terrain.

Before 65 years, SST is neither age- nor sex-dependent (NN = 7 sec. exactly). After apnea test lasting about 10 sec. (= patient does not take any breath), SST increases from **12 sec.** to **20 sec**. pathologically (NN = 10 sec. precisely) in presence of onological terrain, so that basal SST of **12 sec**. in individual under 65 years of age indicates by it-self a pathological condition of activated immunological system. Interestingly, the transition from CAEMH (= Congenital Acidosic Enzymo-Metabolic Histangiopathy) to Restano's manoeuvre typ A and, then, type B, of variable intensity, indicating the presence of oncological terrain, the passage is both slow and gradual.

A 46-year-lomg-long, well established clinical experience allows me to state that normocaloric, correct diet and physiological life-style, as indicated in the decalogue of European Society for Study and prevention of Cancer, and, finally, the use of histangioprotective drugs (Co Q_{10}, Carnetine, Vit A and E, Bioflavonoids, Capsaicin, but exspaecially coniugated Melatonin.) causes disappearing oncological terrain.

From the practical view-point, it is not necessary to search for malignancy if a patient is not ivolved by oncological terrain, i.e. when biophysical semeiotic signs, characteristic of this inherited alteration, e.g. Restano's manoeuvre type B, are absent. Interestingly, this knowledge is useful for patient, doctor and NHS.

On the contrary, in presence of modifications of psycho-neuro-endocrine-immunonogical system, doctor must exclude the tumour, even in early stage. Soon thereafter, both efficacious therapy and correct diet, ethimologically speaking, in order to bring about the normalisation of all altered parameter values, relating to SST, GH, IGfs, endogenous opiates, free Radicals, antioxidants, Co Q10, hyperinsulinemia-insulinresistance and melatonin.

Quantum-Biophysical Semeiotic Evaluation of Epiphysial Secretion of Melatonin.

For the first time doctor can evaluate clinically by means of **Biophysical Semeiotics** the epiphysial secretion of melatonib, N-acetyl-5-methoxy-triptamin, which notoriously stimulates the antibodies synthesis activating opiates receptors, i.e. indirectly, as well as inhibits both normal and neoplatic cells growing , described in the book "Oncological Terrain", in press.

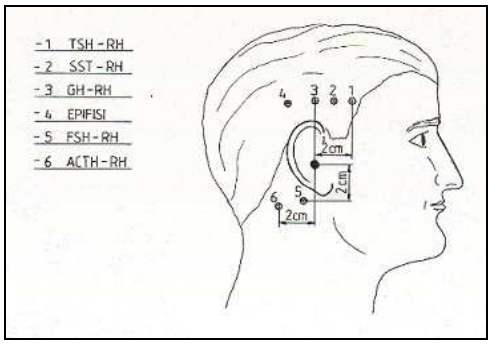

Fig. 2

Numerous biophysical semeiotic methods allow doctor to assess melatonin level at the bed-side in easy and reliable manner:

1) in healthy, whose eyes are closed from 5 sec. or more, antibodies synthesis appears clearly enhanced: for instance, BALT cutaneous projection area shows its diameters doubled and simultaneously peristaltic waves velocity, e.g. in the stomach, results clearly slower, because it needs **≥ 12 sec.** to reach antral-pyloric region, starting from initial part of the fundus [= ascertained cutaneous projection of the great gastric curvature, doctor gives a pinch to the skin covering breast-bone ensiform appendix: immediately a peristaltic wave originates, which physiologically reaches antral-pyloric region in **5 sec.** exactly]. These modifications last for 30 sec. precisely, i.e. their duration results identical to that of melatonin secretion under the same condition (eyes closed) (See later on);

2) mean-intense digital pressure, applied on epiphysial cutaneous projection area, i.e. 2 cm above and 2 cm posteriorly external acoustic meatus (Fig. 2), after about 5 sec. provokes both the same biophysical semeiotic signs, above described at point 1), which show identical duration, proving clearly internal as well as external coherence of the theory;

3) physiologically intense digital pressure, applied on mandibular branch of *nervus trigeminus* (trigeminal nerve), starting from ≥ 15 sec. brings about endogenous opiates increasing, epiphysial microcirculatory activation type I, associated [= *during small digital pressure on epiphisyal neuronal center (Fig.2) ureteral reflexes fluctuate in an intense manner(HS) with fixed periods of 10 sec.*], enhancement of antibodie synthesis ("acute type: lt BALT-gastric aspecific reflex 3 sec.) and simoultaneously peristaltic wave slows down: *the time necessary to a wave, originated in initial segment of* fundus, *for reaching antral-pyloric region, from 5 sec.rises to ≥12 sec.*

4) The more practical way to evaluate melatonin secretion, and therefore to ascertain the oncological terrain, is the following: in healthy, digital pressure of "mean" intensity intensity upon the trigger-point of epiphysis (Fig. 2), after exaclty a latency time of **8 sec.** , brings about the gastric aspecific reflex, which lasts **< 4 sec.** (parameter value of greatest significance!).

On the contrary, in individuals involved by oncological terrain latency time resulta **≤ 8 sec.** and the duration is **≥ 4 sec.**; the parameter value are correlated, indirectly and respectively directly, with the seriousness of underlying disorder.

In oncological terrain melatonin secretion results evidently altered of variable degree from individual to individual, of course, easy to ascertain by the aid of above-illustrated parameters.

Interestingly, a clinical evidence suggests that epiphysial activity is evaluated in a rapid and reliable manner by means of **Biophysical Semeiotics**: physiologically stimulating endogenous opiates secretion, with the aid of intense digital pressure on mandibular nerve, the peristaltic wave in the stomach slows down so far that it needs ≥ 12 sec. (NN = 5 sec precisely) for reaching antral-pyloric region. At the same time, intensity of cerebral-gastric aspecific reflex during the evaluation of cerebral evoked potentials [= *patient, in supine position and relaxed, push two finger-pulps against each other while doctor estimates lt of cerebral gastric aspecific reflex on right and then, on links hemisphere: in health, lt is 6 sec. and 7 sec. respectively with intensity of 2,5 cm.*] decreases from normal value of 2,5 cm. to < 2 cm. If these parameters, however, are evaluated both after the healthy individual closes eyes and the application of intense digital pressure on epiphysial cutaneous projection area for 30 sec. (Fig.2), doctor observes clear modifications of parameters value: lt ≥ 10 sec. and < 1,5 cm respectively.

This experimental evidence suggests that melatonin, secreted under this condition, acts directly as well as indirectly by means of endogenous opiates, of which action, therefore, results more efficacious, allowing thus a "quantitative" assessment of actual level of N-acethyl-5-methoxy-tryptamin.

In addition, clinical evidence demonstrates that melatonin, when associated whith endogenous opiates, stimulates more intensively acute antibodie synthesis.

The "inherited real risk" of cancer.

For **"inherited real risk" of cancer**, in individual with oncological terrain, I mean one (sometimes more) well limitid area of one (sometimes more) biological system, wherein local microcirculation is more or less impaired in the way typical for malignancy (1, 9, 16, 17, 18) (See also the above-cited website: Oncological Terrain), causing cirumscibed tissue acidosis.

In practice, digital pressure of "mean" intensity upon the related trigger-points (e.g., a breast quadrant) provokes a gastric aspecific reflex after a latency time normal (or, at least, very less reduced: in our case, lt. is 9 – 9,5 sec.; **NN = 9,12 sec. in woman**, and **12,5 in man).**

Importantly, the reflex duration is allways 4 sec. or more (**NN = < 4 sec**.), indicating an abnormality of Microcirculatory Functional Reserve of the local microvessels.

Quantum-biophysical-semeiotic Preconditioning plays a pivotal role in definitive recognizing **"real risk" of cancer:** in healthy, the second evaluation, carried out after **exact 5 sec.**, latency time appears significantly increased, rising to **12 sec.**.

On the contrary, in case of **"real risk" of cancer**, latency time is either the same or lowered, in relation to the seriousness of underlying predisposition to malignancy (16), and finally the reflex is followed by the *pathological* tonic Gastric Contraction.

Rinaldi's Sign

Based on Quantum Biophysical Semeiotics principles, "intense" stimulation with digital pressure applied upon trigger point of SST-RH neuronal centre, or epihysis skin projection area, increases ATP, Vibratory Energy, synthesis. As a consequence, such as energy partially transformates itself into Information Energy, according to Paolo Manzelli (27-32), originating the condition of

simultaneous response in related remote biological system, according to the no-local realm in living tissues.
In a few words, under above illustrated experimental condition, in health, mean intense stimulation provokes gastric aspecific reflex after 8 sec. latency time.
On the contrary, if the stimulation is "intense", in health, the reflex does not appear "simultaneously", but 16 sec. latency time, as during preconditioning: **Rinaldi's Sign negative.**

Interestingly, in individuals involved by Di Bella's Oncological Terrain, physician observes gastric aspefic reflex, "simultaneously" at "intense" stimulation. Reflex intensity results less than 1 centimetre, paralleling the seriousness of underlying disorder: **Rinaldi's Sign** positive.
As a matter of fact, sign intensity shows a direct relation to the disease stage, so that reflex raises to About 3 cm. in overt cancer.

Conclusion.

In order to ascertain in day-to-day practice the oncological terrain and "real risk" of cancer, in a complete, easy, reliable, qualitative as well as quantitative manner, the following diagnostic *iter* appears advisable:

1) evaluation of **Rinaldi's Sign,** and than the assessment of the latency time and reflex duration of epiphysis (or SST-RH) -gastric aspecific reflex NN = 8 sec.; Duration > 3 sec. < 4 sec.);

2) evaluation of Melatonin secretion by means of Simulated Sucking Test;

3) evaluation of GH secretion by mean of the stimulation of its cutaneous prjection area, i.e. GH-RH neuronal centre skin projection (Fig.2), localized 2 cm above external acoustic meatus: in healthy, duration of splenic congestion (enlargement of spleen) is 6 sec., whereas splenic decongestion lasts 20 sec. precisely.
Moreover, during this manoeuvre doctor estimates also the time necessary to peristaltic gastric wave (even when it is caused by clenching the skin of His angle cutaneous projection area) to reach antral-pyloric region moving along gastric great curve: ≥ 12 sec. (NN = 5 sec.), because GH stimulates somatostatin secretion, that slow down gastro-intestinal peristalsis and bring about splancnic territory decongestion.

Starting from 20-25 sec. of GH-RH stimulation, evaluated above mentioned parameters, stopped the manoeuvre, immediately doctor estimates SST duration, which physiologically is < 10 sec., due to the fact that valid secretion of somatostatin as well as physiological level of dopamine in diencephalo-hypophysial axis restrain the prolactin secretion, induced by GH. In fact, both substances influence negatively prolactin secretion.

At the end of the stimulation of GH-RH secretion (and of all other RH_s secretions, of course) in healthy individual pancreas augments its diameters (practically, pancreatic inferior border lowers due to congestion for exactly **10 sec.**

Interstingly, this value is fundamental in diagnosing alterations of *glucose metabolism.* In fact, in case of *diabetes mellitus* the lowering duration of inferior pancreatic margin amounts to **< 10 sec**., in direct relation to severity of the syndrome.

On the contrary, in both IGT and hyperinsulinemia-insulinresistance (13, 14), the pancreatic enlargement lasts for **> 10 sec.**, once again in correlation with the increasing of hormonal secretion, showing the possibility of evaluating simultaneously different disorders by means of **Quantum Biophysical Semeiotics**, since the numerous biological systems are connetted very closely from both structural and functional point of view.

At this point, oncological terrain is recognized and can be "quantitatively" evaluated, as follows:

4) assessment of endogenous opiates, the so-called "immunological orchestra directors";

5) estimation of melatonin level, with the aid of BLT behaviour during eye closure test.

As far as the evaluation of endogenous opiates system concerns, that can be activated also by melatonin and myelopeptides, a refined method is represented by assessment of cerebral-gastric aspecific reflex intensity, first, at basal line (**NN ≥ 2 < 3 cm.**) and, then, after intense digital pressure on mandibular nerve for 25 sec., during Cerebral Evoked Potentials (8, 9, 10):

in healthy, intensity of cerebral gastric aspecific reflex is reduced to half., due to the restraining action of endogeous opiates as regards the neurotransmission.

By contrast, oncological terrain, carachterized by deficiency of β-endorphins as well as met-enkephalin, provokes a very small decreasing of cerebral-gastric aspecific reflex intensity under described condition.

As regards the rocognizing **"inherited real risk" of cancer**, referred above, doctor have to ascertain the impairment of latency time of gastric aspecific reflex, its duration, and above all the precious data of preconditioning.

Before the conclusion, I like to describe briefly the most refined manoeuvre aiming to diagnose oncological terrain; it is obviously necessary a perfect knowledge of **Quantum Biophysical Semeotics:**

in health, clousing the eyes brings about immediately type I, associated, physiological microcirculatory activation, which shows *vasomotility* and *vasomotion* duration of 8-9 sec. (NN = 6 sec.) in both epihysis and Supra-Chiasmatic Nucleus (*trigger-points* 3 cm. above outer auricular meatus) (33).

On the contrary, in individuals involved by oncological terrain fluctuations persist 7 sec.

In conclusion, one method, easy and rapid to perform, reliable in both diagnosing and "quantitatively" evaluating oncological terrain, is **Rinaldi's Sign**, and than must follows closed eye test, which enhances melatonin epiphysial secretion, constantly reduced in oncological terrain, obviously showing different degree.

Notoriously, melatonin stimulates diencephalon-hypophysial secretion of SST-RH as well as of endogenous opiates, particularly in arcuate nucleus.

In addition, melatonin, somatostatin, and particularly endogenous opiates stimulate antibodies synthesis. Consequently, BALT cutaneous projection area, evaluated at rest and after 5 sec. eyes closure (patient closes intensively his eyes) appears clearly, and significantly modified and doubled in healthy for ≥ 30 sec., whereas in oncological terrain, in relation to its intensity, changes are minimal (≤ 1 cm.) showing a duration < 10 sec.

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