

Appendicitis

Sternum - Gastric Aspecific Reflex (St. G. A. R.), “mean” intensity digital pressure applied on any point of the median line of sternal body (breast bone), iliac crest and skin projection of the spleen (appendicitis complete RESHS trigger points)

Latency time (Lt) in seconds	MFR in seconds	fD & equilibria	Rethiculo-Endothelial System Hyperfunction Syndrome – RESHS*****	Antibodies Synthesis Syndrome - ASS**	tonic Gastric Contraction – tCG*	Berti-Riboli’s Sign***	Bella’s Sign****	Acute Phase Proteins*****	Diagnosis
Lt = 10	3 < MFR < 4 normal MFR, associated activation, outcome +	fD ≥ 3 (ideal value fD=3.81) stange attractor	Intensity dilation = 1- 2cm	Lt = 6 Intensity dilation = 1-2 cm	Absent tCG	Lt = 10 sec. Duration > 5sec. tCG < 2cm	Lt = 10 sec. Duration > 5sec. tCG < 2cm	<i>The reflex is absent</i>	Health
Lt ≤ 6	MFR > 5 absent MFR, dissociated activation, outcome –	fD=1 fix point	RESHS Complete Dilation > 2cm	Lt = 3 Intensity dilation > 2 cm ASS type acute	tonic Gastric Contraction - tGC - local autoimmune syndrome - accompanied by gallbladder - and splenic contraction - decongestion: positive tCG > 2cm	Lt < 3 sec. Duration ≤ 3 sec. tCG ≥ 2 cm	Lt < 2 sec. Duration ≤ 3 sec. tCG ≥ 2 cm	Lt = 3 sec.	Acute Appendicitis

Table 1. Legend: MFR (Microcirculatory Functional Reserve); EBD (Endoarteriolar Blocking Device); CAD (Coronary Artery Disease; fD (fractal Dimension); Lt (Latency time)

* Digital pressure on appendix cutaneous projection. **“Slight” digital pressure, applied on whatever MALT (mucose associated lymphatic tissue) site, e.g. on cutaneous projection area of the liver, appendix, breast, anterior thorax wall, along mean clavicular line (BALT), on spleen (except for flu), a.s.o. *** Doctor asks the patient “to press down its abdomen as to evacuate” (simulated evacuation test); practically patient is invited to carry out Valsalva’s manoeuvre, that causes the same sign – **Berti-Riboli’s Sign** – likely when physician (the manoeuvre is most refined) applies digital pressure precisely on cutaneous projection area of the inflamed appendix, previously localized by means of auscultatory percussion **** In case of **retrocaecal appendicitis**, until now really difficult to recognize clinically with the aid of physical semeiotics, the patient bends its stretched right leg towards abdomen: the “spontaneous” tGC suddenly appears (100% of cases), after a gastric aspecific reflex with Lt=1-2 and lasting once more 3 sec.: **Bella’s Sign** “classic” (**Bella’s Sign** “variant”: patient bends the left leg in identical manner as described above, with the same results in case of appendix located in left ileo-pelvic region). ***** Digital pressure of “mean” intensity applied on the median line of sternal (breast-bone) body, iliac crests and cutaneous projection area of the spleen. *****Stimulation of hepatic trigger-point by a finger-nail

BIOPHYSICAL-SEMEIOTIC SIGNS OF APPENDICITIS

“COMPLETE” RESHS

ACUTE PHASE PROTEINS AND OTHER SIGNS OF INFLAMMATION ANTIBODY

SYNTHESIS ACUTE SYNDROME

BERTI-RIBOLI'S SIGN

DI BELLA'S SIGN

APPENDIX ENLARGEMENT

ABSENCE OF PHYSIOLOGICAL PERISTALSIS

CLINICAL MICROANGIOLOGICAL SIGNS