



Speaking of Quantum Biophysical Semeiotics (QBS) is not easy, but as practical cardiologist in Coronary Intensive Care Unit (CICU) I can take a direct experience of application of the theories of Dr. Sergio Stagnaro. In the field of cardiology and in particular in the evaluation of the subjects which come to the hospital for chest pain, after performing all appropriate evaluation (history, visit, ECG, cardiac enzymes troponin and eventually the echocardiography), we must take the crucial decision: to resign or not discharge the patient? It is not always easy to determine it; acute coronary syndromes, especially unstable angina, behave very "naughty", so in the early hours all the findings may seem normal, but after a few hours triggers the ruckus, until ' acute myocardial infarction and cardiac arrest! Knowing all this we cardiologists try to observe the patient for at least 6-12 hours and then we decide (after repeating ECG and cardiac enzymes). Often, even after all this, is not easy to reach with certainty the conclusion that chest pain is of cardiac origin. According to the protocols CHEST UNIT we should retain the subject, we should repeat again ECG and enzymes and we should to an 'ergo-metric' run exercise test: all this, at least in the majority of Italian hospitals where I worked, it is not possible for the chronic shortage of beds. A number of literature data, in fact, documents a cumbersome prove something absolutely disastrous: during the first month about 2-8% of patients who came to First Aid for chest pain and leaving, will present an acute coronary syndrome! This fact has always troubled me and when I met on my way to the Quantum Biophysical Semeiotics - QBS, this allowed me, in some cases, to make the right decision: in front of QBS pathological reflexes my attention went up exponentially and even with ECG-enzyme- negative examination I held my patient arrived at First Aid for chest pain in order to perform the exercise test in the following hours. Not infrequently, for lack of any bed and stretcher, I also hosted the patients in wheelchairs or in the room of the doctor on call, the surprise and the premium (not for the patient) were to discover positive ECG or positive enzymes the day after in the morning, or positive exercise test.

..... Here, here is my brief experience! Logically, other investigations will be needed to better understand, but a ray of hope on the horizon is.

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