

## **Inherited Real Risk of Prostate Cancer: bedside Diagnosis and primary Prevention. Massucco's Sign.**

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### **Introduction**

Despite recent findings in genetics, epigenetics and cell biology of prostate cancer [1-5], as well as several techniques, maneuvers and exams for prostate cancer diagnosis are nowadays applied, such as staging (according to Gleason) [6], rectal digital exploration, PSA evaluation [7], PCR assessment [8], transrectal echography [9], prostate CT [10], NMR [11], PSMA antibodies mark [12], bony scintigraphy [13], systematic biopsy [14], the prostate carcinoma continues to be the second malignant tumour, comprising approximately 29% of all the cancers [15, 16].

Furthermore, most of the above mentioned tests and assessments are expensive for National Health Service (NHS), and not applicable for all women and men.

In the greater part of the patients, unfortunately, the tumour is too extended at the moment of the diagnosis, when, that is, the known, classic symptomatology described in academic books is present. In addition, the prognosis of the patient involved by prostate cancer is correlated with the volume of the tumour [17]. In fact, when the volume is 12 cc the tumour is not operable because of the local extension and of lymphonode metastases, while the tumours with volume 10 cc. are mainly associated with favourable prognosis [18]. Furthermore, the prostate cancer for a long time remains asymptomatic, in the sense that only the "inherited real risk" of cancer is present, always very localized in one (or more) precise area(s) of the gland [19].

From the above remarks, an earlier diagnosis of both overt prostate cancer and its "inherited real risk" is necessary. We need to explore new ways of its assessment, such as that proposed by Quantum Biophysical Semeiotics (QBS) theory and clinical method [20].

In the present article we suggest an original clinical tool for the diagnosis of 'Inherited Real Risk' (IRR) of prostate cancer which can support the current sophisticated ways for prostate cancer risk assessment. QBS theory provides a clinical, reliable method, being an important adding informative value both for early bed-side diagnosis and prostate cancer primary and pre-primary prevention, corroborated by several QBS signs such as the bedside evaluation of glycocalyx [21].

QBS is a new discipline in medical field and an extension of the classical medical semeiotics with the support of quantum and complexity theories [22]. It is a scientific trans-disciplinary approach that is based on the "Congenital Acidotic Enzyme-Metabolic Histangiopathy" (CAEMH) [23], a unique mitochondrial cytopathy that is present at birth and subject to medical therapy. The presence of intense CAEMH in a well-defined area (e.g., myocardium) is due to gene mutations in both n-DNA and mit-DNA.

This is the basis for one or more QBS constitutions [24], in our case, Oncological Terrain [20], which could bring about their respective IRR, i.e., IRR of breast cancer [25] or prostate cancer [26]. The QBS method allows the clinical and pre-clinical diagnosis of the most severe disorders such as the IRR of Type 2 Diabetes Mellitus [27], Coronary Artery Disease [28], lithiasis [29], Alzheimer's Disease [30], which is achieved in the easier way through the auscultatory percussion of the stomach [31, 32].

The patho-physiology of QBS reflexes is based upon local microvascular conditions. In case of genetic alteration of both DNAs, intense CAEMH, and IRR of prostate cancer there is a microcirculatory remodeling, worsened subsequently by environmental risk factors, due to vasomotility and vasomotion impairment (e.g., functional alteration of microvessel fluctuations) and structural obstructions, i.e., newborn-pathological Endoarteriolar Blocking Devices (EBDs) and Arteriovenous Anastomosis (AVA) [20, 23, 26].

With the aid of QBS method, physicians can bedside recognize, in an easy, quick, and reliable manner, the possible presence of maternally-inherited Oncological Terrain, and Oncological terrain-dependent, IRR, based on the presence of typical microcirculatory remodeling of prostatic microvessels, due to newborn-pathological, type I, subtype (a) Oncological, EBDs [20], *conditio sine qua non* of prostate cancer [26].

### **Inherited Real Risk of Prostate Cancer: bedside Diagnosis**

QBS is able to make the Oncological Terrain (OT) diagnosis in particular through the auscultatory percussion of the Stomach, easier to understand and apply in the daily practice, i.e., revealing if any subject, from birth, could become at risk of cancer in the course of the life for congenital genetic reasons.

Interestingly, among the several QBS signs, one is the “simultaneous” gastric aspecific reflex (GAR) in case of “intense” digital pressure on OT trigger points, i.e., skin projection of SST-RH, del GH-RH or epiphysis: Rinaldi’s Sign [33]. This reflex is related with the non-local quantum behavior of biological systems [22, 23]. In health, an “intense” digital pressure on one of OT trigger points does not provoke simultaneously GAR (the reflex appears just after 16 s due to physiological tissue acidosis), thus there is not Oncological Terrain (negative Rinaldi’s sign): this is the physiological state [34].

If the stomach enlarges simultaneously, dilating for 1 cm, then there is OT termed positive Rinaldi’s sign. If there is positive Rinaldi’s sign, in order to discover of which kind of Oncological disease an individual is at risk, or if there is an overt cancer, the physicians must refine the diagnosis making an investigation more focused on the correct localization of the underlying clinical Oncological disorder. This is achieved through QBS assessment of the related specific signs. In fact, this is an aspecific sign, but it becomes specific if the microcirculatory remodeling [35-37] is present in the typical areas of the related Oncological pathology, such as urinary apparatus [38] and prostate gland.

To this point, if we are interested to investigate the possible presence of prostate cancer IRR or an overt prostate cancer, one proceeds with the trigger-points stimulation of the prostate lobes, right and left (in absence of the medium lobe, of course), at the level of XII thoracic dermatome of both sides, in practical, to the two sides of the pubic symphysis and at different height.

In case of malignant tumour, even initial, or cancer’s inherited real risk, the lasting skin pinching provokes 2 important reflexes: firstly, the GAR (the stomach dilates) after a latency time less than the normal 8 s (“inherited real risk” of prostate cancer), depending on the stage and severity of the cancer; reflex’s duration is 4 s or more (the physiological duration is less than 4 s).

Soon thereafter, there is a tonic gastric contraction (tCG), the stomach contracts: local autoimmune syndrome - accompanied by cholecyst contraction and spleen decongestion. This sign is termed Massucco’s Sign.

In healthy subjects, or in subjects with positive OT but without any risk of prostate cancer, Massucco’s Sign is negative. In fact, under the above mentioned condition, latency time of GAR is 8 s, but the reflex’ duration is less than 4 s and there is not any tonic gastric contraction linked with prostate lobes stimulation.

Furthermore, QBS preconditioning of the prostate (the repetition of evaluation of the different parametric values above mentioned after exactly 5 s from the end of the basal assessment) plays a central role in bedside recognizing the prostatic Oncological “inherited real risk” as well as the initial stages of cancer, wherein it clearly results pathological. In healthy, the latency time of GAR doubles (16 s). On the contrary, in patients involved by IRR of prostate cancer or overt cancer, the latency time of GAR is less than less than 16 s, in relation to the seriousness of underlying disease.

### **Inherited Real Risk of Prostate Cancer: primary and pre-primary Prevention**

QBS tools are not only useful for diagnostic purposes, but also for therapeutic advices, because they are able to measure the microcirculatory activity before and after each preventive therapy's treatment, in order to understand the effectiveness of remedies, according to Angiobiopathy Theory

[39]. Some years ago, one of the authors [24] let us an open question: are QBS Constitutions and related IRR of degenerative pathologies reversible?

Through a proper prevention treatment termed “type A” or “green” therapy, i.e., modified Mediterranean diet, CoQ10, conjugated-melatonin, carnitine, a genetic reversibility for future generations is possible [40-44], but this could not be enough for the current generations, especially under environmental negative conditions. The green therapy stimulates the activity of mitochondria by acting on metabolism, but also improving, normalizing mitochondrial and tissue oxygenation (endocellular free energy level), expression of the normal mitochondrial oxidative phosphorylation. Indeed, the mitochondrial functional cytopathy above mentioned (CAEMH) proved to be the *conditio sine qua non* of more frequent and severe human disease and not. By this way tissue oxygenation and mitochondrial activity are improved, as far as normalized, mitochondrial respiratory chain is physiologically functioning, although it remains the genetic alteration of mit-DNA: CAEMH, QBS Constitutions and IRR of diseases are still positive, but the IRR becomes “residual.” This means that a continuative “type A” therapy prevents the risk that the disease, despite the genetic problem is not yet healed.

QBS method allows an efficient pre-primary prevention, when it is applied in the mother before pregnancy begin, according to Manuel’s Story [45]. Really, pre-primary prevention through its recursive effects proved to be able to reverse the genetic alteration of mit-DNA, namely the mitochondrial cytopathy, Oncological disorders, such as prostate cancer, are based on. This is possible under a Type B therapy: Blue Therapy. In particular, we have successfully used this Quantum Therapy [44, 46] for the pre-primary prevention of cancer [44, 46], Type 2 Diabetes Mellitus [47], osteoporosis [48], Coronary Artery Disease [28] and neurodegenerative diseases [30].

## Conclusions

QBS is an useful diagnostic tool for a biological preventive evaluation of prostate cancer, because biological system functional modification parallels gene mutation [49]. Furthermore QBS is able to make an early diagnosis of prostate cancer not only at the very first initial stages, till now very difficult to do, but even many decades before the cancer onset, allowing an efficacious primary prevention, especially prescribing proper preventive treatments, really efficacious in healing the prostate cancer inherited real risk.

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