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عالم الصحة للشرق الأوسط وشمال أفريقيا

تخدم قطاعات الطب والمختبرات والأدوية والتغذية في الشرق الأوسط وشمال أفريقيا منذ 1986



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Oncology and Cancer Treatment

Oncological Terrian's Paramount Role in Fighting Cancer

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Treating cancer can be very complicated, and it is difficult for even the most educated patients to be sure that they are having the best care. Cancer grows out of normal cells in the body. Normal cells multiply when the body needs them, and die when the body doesn't need them. Moreover, it appears to occur when the growth of cells in the body is out of control and cells divide too quickly. Cancer can also occur when cells forget how to die. In short, cancer can develop in almost any organ or tissue, such as the lung, colon, breast, skin, bones, or nerve tissue.

Really in the war against cancers, the specialist must especially study a clinical tool that helps "all" doctors in bed side recognizing, in apparently healthy individuals, genetical errors, including hyperinsulinemia-insulinresistance, melatonin deficiency, metabolic disorders, prevalence of stress axis, which either bring about or aggravate environmental chromosomal aberrations as those observed in cancer cells. In fact, the main target can be reached hopefully if "all" doctors are able to ascertain or at least suspect at the bed-side in apparently healthy person chromosomal aberrations, before cancer on-set.

As a working hypothesis, I thought 20 years ago that all parenchimal chromosomal alterations, of whatever nature, are necessarily accompanied with similar microvascular modification of the local microcirculatory bed, both structural and functional in nature, in subject involved by abnormalities of psycho-neuro-endocrinological-immune system, I termed Oncological Terrain (See: Oncological Terrain on my website, HONCode ID, N. 233736). As a matter of fact, both genetical and environmental factors induce contemporaneously parenchymal and microvascular cells alterations, according to the well-known concept of Tiscendorf's "Angiobiopathy", I enlarged to "Angiobiopathy". For instance, a family of molecules called cyclins was discovered. It is through changes in the production of cycles during the cell cycle that the activities of the genes controlling it are regulated. All these events (control, regulation a.s.o.), however, can happen only by means of changes in local microcirculation, i.e., in information-material-energy supply to tissue. Now, fortunately, thanks



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site), we can evaluate clinically microcirculatory bed structure and function in a precise manner.

Based on 45-year-long "clinical" experience, the decline in cancer rates all over the world could be more intense if scientists will think over and discuss the possibility that exists in the "Oncological Terrain". As a matter of fact, e.g., not all smokers are involved by pulmonary cancer, as well as not all people with chronic hepatitis will die of hepatocarcinoma. On the other side, in some families malignancies occur more frequently than in others. Actually, as I described in the above-mentioned papers, there are other causes that accounts for the reason of existence of the oncological "real" risk, i.e. oncological terrain.

At this point, the first question is the following: "What does characterize oncological terrain from the "clinical" point of view?". In fact, in order to achieve efficacious cancer prevention on very large scale it is unavoidable that the modifications occurring in the biological control system could be easily, promptly, and "quantitatively" ascertained and properly evaluated with the aid of a "clinical" method, i.e. by the use of a stethoscope, and certainly without application of sophisticated semeiotics, that does not apply in all individuals, on a very large scale, and, moreover, only a few doctors can utilize them.

Moreover, if it is possible to answer this first question, a second one immediately follows: "The oncological terrain which certainly 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. if it can totally or greatly disappear, with the aid of drugs or diet, ethymologically speaking, which exert a favourable influence on the characteristic modifications of the psicho-neuro-endocrine-immunological system, that represent "oncological terrain". My answers to these questions are readable in my site.

The war against cancer will be fortunately won if all doctor are going to recognize, with the aid of a stethoscope, individual apparently health but positive for "oncological terrain", particularly intense in a well defined tissue region, who have to undergo immediately to proper diet, ethymologically speaking, and drugs, in some cases. The knowledge of such as oncological predisposition will certainly help us in malignancy primary prevention, firstly selecting individuals at real oncological risk.

Source:

Sergio Stagnaro MD
 Founder of Quantum Biophysical Semeiotics,
 Honorary President of International Society of
 Quantum Biophysical Semeiotics (SISBQ)
 Who's Who in the World
 (and America)
www.semeioticabiofisica.it
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