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## New Renaissance of Medicine and Primary Prevention of Diabetes Mellitus Type 2

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**"It is difficult to remove perfectly organized methods,  
 of long tradition, supported also by illustrious names,  
 based on a doctrinaire apparatus elegant but faulty;  
 strong from the political, economical, organizational, financial,  
 pseudo-social point of view.  
 We dare face the huge problem,  
 more not to feel guilty  
 than in the belief that we can achieve and resolve".**

(Luigi Di Bella: "Cancro: siamo sulla strada giusta?"  
 Edizioni Travel Factory Srl – Roma, 2001).

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### Introduction

Only a minimum part of diabetics is controlled in a satisfactory way, if valued and monitored in the best absolute way of the moment: the quantum-biophysical-semeiotics evaluation of hepatic PPARs, which unfortunately Laboratory/Department of Image-dependant doctors still don't know (1-4).

Despite all the screening measures adopted in the *secondary* prevention, at the moment there is no primary prevention because the traditional and pedantic Medicine ignores Quantum-Biophysical-Semeiotic Constitutions and the correlated Congenital Real Risks (4-9), such as of the diabetes, CVD and Cancer (Oncologic Terrain), pathologies that all the Authors consider ever-growing epidemics.

Next to Diabetes Mellitus, whose type 2 represents about the 50% of all the cases, arterial hypertension, glaucoma, osteoporosis, CVD, the several forms of dyslipidemia, and cancer (1-10) are generally diagnosed too late, only when the classic clinical and laboratory symptoms set in, “anticipated” and accompanied by harmful complications, often lethal, which notoriously manifest

decades after the Congenital Real Risk, dependant of the correlated Constitution, expression of the potential disease (6-12).

These few exemplar FACTS underline the urgency in Medicine to proceed without any further delay towards the NEW RENAISSANCE of knowledge, both in Arts and Science, hoped for by a group of enlightened scientists, brought together in the Florentine Group, Lego-Ego-Creanet, directed by Paolo Manzelli, who wrote me on 16<sup>th</sup> January, 2008:

“Dear Sergio, those who like us believe that GOD PLAYS DICE WITH NATURE, deeply understand that the arbitrary subdivision between Subject and Object of mechanical science is a reductive limit which generates the subdivision between macro- and microcosm of physics and that consequently generates many other self-limitations of the scientific thought in relation to the understanding of life”.

Recently, on the 19th September, 2010 from Diego Lucio Rapoport I have received a welcome e-mail, where it is written about the Florentine Group:

“This work may provide for a basis for a New Renaissance, blending philosophy, physics, geometry and mathematics, logic, cybernetics, systemics, semiotics, physiology, perception, cognition, cosmology, anthropology, mythology, linguistics, history, to identify the main disciplines that come to my mind, not disregarding economics and sociology”.

The necessity of New RENAISSANCE is the clear consequence of present Middle Aged of Medicine, that only apparently seems not agree with the real Medicine situation, illustrated triumphantly by sponsored mass-media.

My *J'Accuse* against the present Middle Ages of Medicine initiated in 2008, when I have illustrated the major causes of Medicine distressing condition, by arguments discussed in an article posted in a USA website *Nature* has “advised” (23).

Till now none has confuted the statements of above-cited article.

### **The war against diabetes: State of the Art.**

On the 21st December, 2006 the General Assembly of the United Nations declared that diabetes mellitus is a threat for the whole world, designating the 14<sup>th</sup> November as World Diabetes Day.

In fact, this epidemic, ever-growing and unstoppable, is a serious threat to health, on the same level as infectious diseases like Aids, tuberculosis and malaria. The incidence and predominance of diabetes type 2 are growing in underdeveloped and developing countries.

For example, today in Italy diagnosed diabetics are two millions, without counting those who haven't been recognized ill, while the numbers of diabetics in the world is foreseen to rise from 171 millions in 2000 to 366 millions in 2030 (*Nature Clinical Practice Endocrinology & Metabolism* 2007, 3, 667).

To be carefully considered it is the number of adults with arterial hypertension, which affects the 70% of the diabetics, showing a double incidence compared with non-diabetics subjects, and it is foreseen an increase of the 60%, for a total equal to 1.500 millions in 2025.

Diabetic pathology is notoriously characterized by the fact that the affected body can't make use of the sugar present in the blood and it appears only in patients with Quantum-Biophysical-Semeiotic Congenital Real Risk.

Diabetes mellitus, both type I and type II, can damage heart, kidneys, eyes, nerves, peripheral arteries of the patients affected by the congenital real risks in the target organs (11-15). Without

this pathological condition, dependant on the related constitution, the environmental risk factors, like diabetes, are “innocent spectators” (32).

In fact a long and successful clinical experience allows me to state that in the absence of this characteristic parenchymal congenital and microvascular alteration, the “micro vascular remodelling”, all the environmental risks factors are not harmful, similarly to what happens in case of CAD (32).

This at last explains why only about the 50% of patients suffering from Metabolic Syndrome (11) is affected by diabetes type 2 as well as by the regional and not systemic vascular damage, and the existence of several diabetics without lesions in the target organs!

At the beginning of the third Millennium, children and teenagers are stricken by diabetes with greater incidence than in the past: it is calculated that 3-5% of world population is diabetic. In fact, in the Western World, the 22% of children is overweight and the 7% morbidly obese. These figures, provided by the world Expert Authorities, underline, without any doubt, an indisputable fact: all the expensive prevention campaigns of diabetes mellitus proposed and taken into action up to now turned out to be a complete failure!

It follows that something doesn't work in the present Medicine economy, which requires new paradigms to face the essential problems of public health.

I think that it is no longer possible to delay an honest stance on everyone's behalf, but especially the Government responsible for Health, Research and University, who must eventually consider the scientific discoveries in diabetology, accepted by Publishers of famous "peer-reviews", aimed to start a new and effective strategy against diabetes mellitus and other serious and common diseases, such as CVD and cancer “clinically” carried out on a large scale in a population “rationally” enrolled (1-22).

Although diabetes keeps being one of the most serious world epidemic, no world authorized Health Authority shows interest in modifying the expensive, obsolete, disastrous management enforced so far, paying the due attention and honest critic to original proposals, that proved effective in a long clinic experience, whose data are by now spread in a wide Literature (1-5, 24).

At the beginning of the third millennium no medical or surgical intervention exists, that can give complete recovering from diabetes. About the dangers of present use of stem cells, the day 11 November, 2010, the *Federation Argentina de Cardiologia*, FAC, has posted in its Forum my comment, I have sent to the most prestigious peer-reviews of the world (Ask Google.com), wherein I referred to my earlier letter published on Washington Post website in 2007.

Furthermore only a small percentage of diabetics is kept under control in a satisfying way, if evaluated and monitored in the best possible way available today: the biophysical-semeiotic evaluation of hepatic PPARs (1-7).

In a few words, the so-called diabetic complications begin decades before leading to the diabetic syndrome, as allows me to state also Quantum Biophysical Semeiotics, showing that primary prevention is the best therapy ever!

Unfortunately up to this day primary prevention of diabetes has been realized in an expensive, limited, impractical, reductive, ineffective way, due to completely wrong principles on which it is founded, in the absolute preference for technology and neglecting a Medicine focused on Man, according to the spirit of the "Single Patient Based Medicine" (5, 7, 9).

## The “screening” of Diabetes Mellitus is not synonymous of Primary Prevention

In the well-known magazine *Diabetologia*, considered the “Bible” for diabetologists, for example in the Volume 50, Number 11, November 2007, there is no article actually clinical, whose data can be cross-examined at the patient’s bedside using a phonendoscope.

In other words, the majority of articles published in that magazine, similarly to what happens in the others, report the conclusions of researches based on results from laboratories and sophisticated semeiotic instruments, among them genetic investigations that can only be performed in very few university centres and specialized institutes, and for this reason not applicable on a large scale of the population.

In spite of the progress, only apparently astonishing, of technology applied to diabetology, the paradoxical result is that today, during a physical examination, preferably at the patient’s birth, no doctor and no diabetologist is able to clinically recognize and discern, in a quantitative way, the one with diabetic real risk, that is actually predisposed to diabetes mellitus, from the one who surely will never suffer from diabetes, even if he/she will live surrounded by several environmental risk factors.

Otherwise stated, the doctor who only knows the orthodox, academic, traditional physic semeiotics, based on the deterministic mechanics in the service of power, even having the use of state-of-the-art laboratories and sophisticated and expensive instrumental semeiotics, cannot “bedside” diagnose the diabetic constitution, the dyslipidemic constitution and the congenital Diabetic Real Risk, which represent the “*conditio sine qua non*” of the onset of diabetes (1-22, 31-35).

The consequences of what mentioned above, a striking example of Medieval Medicine, maidservant of Economy (23), are too evident to be only mentioned!

On the basis of a successful clinical experience of more than 50 years, without fearing refutations I state that the fight against diabetes mellitus, carried out on a very large scale with clinical methods, must necessarily be realised in ALL the individuals who are positive to diabetic “and” dyslipidemic constitutions, quickly recognizable with the help of a simple phonendoscope, and at the same time positive to the “Congenital Diabetic Real Risk” (1-22) (see also the open letter I sent to the former Minister Prof. G. Sirchia on May 2004!: <http://www.clicmedicina.it/pagine-n-30/reale-rischio.htm>).

In order to predict achievable objectives in a far-reaching enterprise like the primary prevention diabetes mellitus, more than relying on good intentions it is useful to carefully consider the logic held in it, associating the Medicine Based on the Obvious to the more pragmatic, realistic and practical Medicine Based on the Single Patient, which by now is accepted worldwide (5-14).

In the useless and expensive campaigns against diabetes so far fought, due to the irrational selection of the subjects to enrol, the term of primary prevention has been constantly, erroneously and silently substituted by *screening* (early recognition of a disease already in existence, but not diagnosed for years or decades, independently from the presence or seriousness of its “complications” already acting and from its well-known development).

## MEDICINE OF MARS AND VENUS.

From the beginning, what comforts me and encourages me to go on with my researches in the fields of Quantum Biophysical Semeiotics, researches aimed at ending the present Middle Age of Medicine (23) and giving birth to the NEW RENAISSANCE (33), it is F. Nietzsche’s thought:

“The most important result of the past efforts of humanity is that we need no longer go about in continual fear of wild beasts, barbarians, gods, and our own dreams” (Aurora. Fragment 5).

To the diagnosis, accepted by all the Authors, of ever-growing diabetic epidemic, in spite of the remarkable technology applied to Medicine, we must apply firstly new paradigms and then quickly an adequate therapy, efficient and original, before the disorder onset, laying aside an economy of Medicine which self-evidently proved to be bankrupted.

Let's begin considering the theoretical-practical structure of Medicine, that only knows local reality in biological systems, ignoring non-local reality and the several quantum-biophysical-semeiotic constitutions on which is based the *Single Patient Based Medicine* (9, 24-29).

We are talking about two different opposite "Weltanschauungen", both from the philosophical and epistemological viewpoints: Medicine of Mars (of supremacy, of imposition, of jatrogenetic psychological terrorism), and Medicine of Venus (of touch, of communication, of love, according to the old saying: first listen to the patient then auscultate) (30).

The Medicine of Venus is characterized by a through investigation of the case history, according to the old clinical method, followed by the objective examination of the patient in a new way, as the quantum-biophysical-semeiotics teaches, which includes and surpasses the traditional one, from which originated.

Only at the end of the diagnostic process, the doctor proceeds to requesting laboratory analysis and sophisticated semeiotics, through diagnostic imaging and invasive one, in a rationalized and aimed way, so put an end to the useless wastes of the present Medicine.

I think that among the several reasons of the failing and wasteful prevention of diabetes carried on until now, the following facts lead a primary role:

a) The so-called diabetic, kidney, retinic, coronary, etc. "complications" show up decades and decades before the onset of the diabetic symptoms, both haematological (altered glycaemia on an empty stomach and/or post-prandial, high levels of glycosylated haemoglobin, pathologic OGTT, etc.), and clinic, according to the Angiobiopathy theory (31). It follows that the traditional diagnosis of diabetes, even when it seems early, is "always" inevitably late, done when by that time the target organs have already been damaged.

b) Stylish and precise enough evaluations of the alterations of the glycidic metabolism of the initials phases (e.g. hyperinsulinemic-normoglycemic clamping) CANNOT be used on a large scale for obvious economical and organizational reasons, contrary to the quantum-biophysical-semeiotic evaluation of PPARs (alfa) of the liver, the most precise method – to my knowledge – to monitor the gluco-lipidic metabolism (1-5).

c) Metabolic Syndrome, constantly anticipated by the Pre-Metabolic Syndrome, classic and variant, described in previous papers (11, 17), can be diagnosed by a phonendoscope since birth, that is when the Pre-Metabolic Syndrome and the so-called diabetic "complications" are present, but "potential" (5-10).

d) The term "*screening*", used arbitrarily as a synonymous of *primary prevention* by the Health Authorities and Doctors, is not correct at all. In fact, in this case we are not talking about primary prevention, carried out before the onset of a disease in individuals who are apparently healthy, but with congenital real risk, dependant on the relative pathology, but it is secondary prevention, carried out on diabetic patients, perhaps not yet diagnosed, but with the complications of the disease already in action. The tertiary prevention aims to contrast the progression of clinically present and advanced complications.

The nature of a prediction is scientific when can't escape, with the help of *ad hoc* theories, to falsification: I foresee that in future Diabetology based on Man, in the scrupulous respect of the "Single Patient Based Medicine" (5, 7-10), and accordingly in agreement with the spirit of the NEW RENAISSANCE of Medicine, the "clinical" diagnosis will play the leading role, quantitative of diabetic "and" dyslipidemic quantum-biophysical-semeiotic constitutions, diabetic congenital real risk, followed by the acknowledgement of Pre-Metabolic Syndrome and consequently of the Metabolic one in diabetic evolution and eventually of diabetes mellitus on a very initial stage (21, 31).

## **Patho-Physiology and Primary Prevention of Diabetes Mellitus type 2 according to the Quantum Biophysical Semeiotics.**

As epistemology teaches us, the statement "all" is easily falsified, and for this reason it is rich in information (K. Popper in *Logik der Forschung*).

Since their births all diabetic individuals show quantum biophysical semeiotic signs typical of dyslipidemic "and" diabetic constitutions, and all the related Congenital Real Risks, ICAEM dependant, subsequently evolved first into pre-metabolic syndrome and after into metabolic under the negative influence of well-known environmental factors: sedentary lifestyle, tobacco smoke, overeating, a diet rich in saturated fats and carbohydrates, weight gain (BMI 25 or more), and so on (5, 7, 9-11, 13-15,17, 20). (Table 1)

### **Natural History of type 2 Diabeyes Mellitus**

#### **Stage 1 (individual's birth)**

**Diabetic "and " Dislipidemic Constitutions  
Diabetic Inherited Real Risk (e.g. LATENT)**

#### **Stage II (under 10 years)**

**Abnormal synthesis of Perivascular GAGs by fibroblasts, pericytes, mioblasts, megacariocytes, a.s.o.; Amiline in the Interstitial Fundamental Substance, and so on. (Location: Capillaries, Small Arteries, Arterioles, AVA type II, group B, cutaneous, EBD, a.s.o.)**

#### **Stage III (Second decade of life)**

**IIR, Microalbuminurie, Initial ATS Plaques , a.s.o.**

#### **Stage IV ( about third decade of life)**

**Prediabetes, overt microvascular Complications.  
(OGTT, Iper-Insulinemic-Normo-Glicemic Clamping, Insulinemia)**

#### **Stadio V**

**Type 2 overt Diabetes**

Tabella 1

In fact, it is evident that not "all" the individuals, even though obese and/or hypertensive, are at diabetes risk with different probabilities, obviously, as instead health authorities, both Ministers of Health and Instruction, university professors and also the General Practitioners keep – so it seems – thinking.

On the contrary, the individuals with diabetic “real risk” are all those who are positive to dyslipidemic “and” diabetic biophysical-semeiotic constitutions, inherited only from the mother, and associated to the diabetic Congenital Real Risk, measurable only with a simple phonendoscope, *conditio sine qua non* of diabetes type 2.

It follows that today, thanks to Quantum Biophysical Semeiotic, since birth we are able to rationally and clinically select “all” the individuals affected by dyslipidemic “and” diabetic constitutions, even latent, the only ones to enrol in the primary prevention because carriers of the diabetic congenital real risk (1-33).

Furthermore, for the first time the General Practitioner is able to monitor, clinically and objectively, the course of gluco-lipic congenital metabolic anomalies, recognizing the possible progression, slow and gradual, towards diabetes, favoured, but not caused, by the environmental risk factors: from the genetically directed alterations of lipidic “and” glucidic metabolism towards the Pre-Metabolic Syndrome first and, after, the Metabolic one, both absolutely lacking the traditional clinical symptoms, well recognized instead by Quantum Biophysical Semeiotics (21, 34, 35). (Table1)

As for the technical aspect, in the easiest way the doctor can recognize diabetic congenital real risk by an “intense” skin pinch at the level of the VI thoracic dermatome, which corresponds to the superior part of the epicondrium (= the area beneath the right and left costal arches).

In a healthy patient, “simultaneously” the gastric aspecific reflex is absent, appearing after 24 sec sharp (1-35)

On the contrary, in those patients who are predisposed to diabetes, the reflex appears “simultaneously”, showing an intensity inferior to 1 cm, while in the diabetic patient is 1 cm or more, in relation to the here beneath mentioned pathology.

In other words, interesting from the practical viewpoint, reflex intensity parallels the seriousness of the alterations of amorphous fundamental substance as well as glycemic metabolism impairment, which highlights the contemporaneous intense “in toto” ureteral reflex”

To understand the physiopathology of the behaviour of the aspecific gastric reflex and ureteral reflex, above illustrated, a basic knowledge of quantum-biology is necessary (25-29).

In fact, the II Stage is characterized by the enlargement of interstitial space, caused by abnormal synthesis of local GAGs, when it appears particularly compromised the production of jaluronic acid, an acid , a-sulforated mucopolysaccharide, showing an high affinity for water.

As a consequence, the ratio bound water/free water results altered, Therefore, pancreas-“in toto” aspecific gastric reflex is intense, and the velocity of microcirculatory wave fluctuations in Langherans’s ilets is particularly slow, so that blood-flow is significantly dropped. (Fig 1)

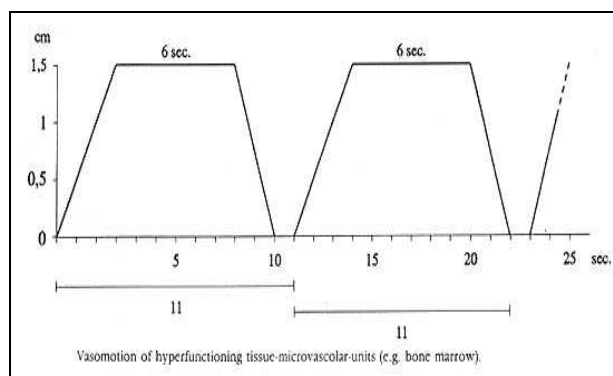


Fig 1  
*Explanation in the text*

Amorphous fundamental substance play a central role in both microcirculatory vasomotion, and permeabilità, as well as in the physiological transport of numerous substances from microcirculatory bed to parenchyma, and viceversa. (42, 43).  
In my opinion, the compromised transport of insulin, brought about by GAGs altered ratio, plays a paramount role in “insulin-resistance”, typical of the III Stage.

At practical level it is interesting the fact that the intensity of the reflex is directly linked to the seriousness of the glucidic dysmetabolism.

Once diabetes has been recognized, potential or overt, the doctor proceeds to the quantum-biophysical-semeiotic evaluation of the glucidic metabolism, using several methods, all reliable but different in style and information (1-35).

A therapeutic important aspect is played by the war against overweight and obesity, which facilitate diabetes onset, obviously exclusively in individuals at inherited real risk.  
As a consequence, doctors have to reach the goal of maintaining the real weight near to ideal weight at the best, i.e., conserving physiological BMI.

For instance, leptin plays a central role, regulating toward low level appetite stimulating peptides as neuropeptide Y (NPY), melanin concentrating hormone, orexine, agouti-related peptide (AGRP).  
On the contrary, anorectic neuropeptide, regulated towards high level by leptin, are melanocyte stimulating hormone ( $\alpha$ -MSH), which is acting on melanocortin-4 receptor (MC4R), cocaine and amphetamine--regulated transcript (CART), and corticotrophin-releasing hormone (CRH) (41).

Lastly, the therapy based on diet, etymologically meant, and histaminic-protectors, such as Conjugated Melatonin, Carnitine, Bio-flavonoids, Cellfood, includes personalized applications of LLLT at a gastric level, like NIR-LEDs, and metallic devices that generate energy emissions compatible with biological systems.

I believe that Primary Prevention must begin as early as possible: it is desirable in women, positive to diabetic constitution, to start it before pregnancy, as proved by *Manuel's Story* (35-40)

## **Conclusions.**

Based on a sclerotized Physiology, incapable of giving persuasive explanations of the several quantum-biophysical-semeiotic signs and of a Biology that disregards a non-local Reality next to a local one, Western Medicine only considers biological systems which are “static” and with a rigid metabolic balance and, according to Claude Bernard and Walter Cannon, intra-correlated only through nervous and vascular ways, arterial, venous, lymphatic.

In contrast with the blind ignorance of traditional Medicine, the physiological behaviour of biological systems is indeed that of a dynamic system far away from a fixed balance, where also the single cellular and subcellular structures vibrate in a stochastic, unpredictable, uncertain, chaotic way: "mitochondria breath throbbing", as used to say the great clinic Carlo Sirtori (personal communication).



In addition, Western Medicine erroneously considers individuals born equal and “healthy” until the moment of the onset of the disease, according to a platonic-manichean vision, vainly underpinned with “*ad hoc*” hypothesis. Western Medicine is a giant with clay feet (30).

For all the above mentioned reasons, which surely don’t exhaust my *J’Accuse* against the present Middle Ages of Medicine, maidservant of Economy, it now time of its Renaissance, on the basis of the discoveries done in the last 50 years and which brought to the foundation of Quantum Biophysical Semeiotics (33).

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