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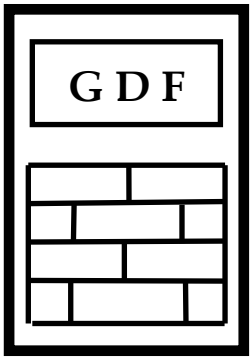

VOL. 9 , No. 3

SYDNEY December 2005

AUSTRALIA

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GDF DATABANKS BULLETIN, VOL. 9, NO. 3, 2005
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ISSN 1453-1674

9 771453 167008

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Universal representation of Cancer disease.
1. First sight on NSW-2003 report.

Meet the disease at its first stage (Persius, Satires)

Introduction

Cancer disease (CD) appears as a real threat for all of us. Statistics show that simply exposure of human beings to the present lifestyle is the main cause of CD. The main feature of CD kinetics is common for a wide variety of transforming processes met in technology and well described by the Universal topoenergetic principles. This consists in the fact that its amplitude increases with the exposure time, i.e. with the patients' age according to the Universal kinetic eqn.
The raw data on CD from New South Wales (NSW, Australia) report for 2003 [1] allow a good opportunity to understand Universal features [2] of CD kinetics.
Figure 1 schematically shows a typical basic data describing the CD kinetics as the dependence of new CD cases registered in NSW-2003 on patients' age. The Universal kinetic eqn delivers by regression the basic kinetic parameters (N,M,Ao) whose assignments according to the general definitions [3] can be discussed for particular cases of CD.
The CD-types from NSW-2003 report are coded in Table 1 in view to simply mention them in the results below.

Table 1.

CD	Head & neck	esophageal	stomach	colon	rectal	colorectal	liver
code	1	2	3	4	5	6	7

CD	pancreas	lung	skin	mesothelioma	bladder	prostate	breast
code	8	9	10	11	12	P	B

It is important to mention that the basic data used for each CD type are the numerical values of NNC given in tables in NSW-2003 report for age groups, so that the following values for A were considered:

Table 2.

Age group, years	0-34	35-44	45-54	55-64	65-74
A, years	34	44	54	64	74

Results and discussions

The first aim is to check out if all CD types considered belong to the same phylogeny. Figure 2 shows the same linear relationship of N vs M for all CD types and sexes. This first phylogeny may be different for different areas in the world defining the local lifestyle.
Taking into account the general rule [2,3]:

$$N, n < 0, \theta = NNC \sim Ctr , P < 0, M \sim \ln Ctr , -M/N \sim \ln ctr , -N^2/M \sim CS \quad (1)$$

Where Ctr = transforming component in the organism specific for CD type, ctr = kinetic unit from transforming component, CS = coupling strength of kinetic unit with the inert component and P = process polarity. In calorimetric terms this means that if the patient is transferred from a temperature T1 to another one T2>T1, wtr is exothermal which is in good agreement with the well known fact that neoplasic tissue is hyper metabolic.
Figures 3 and 4 show further aspects of the first phylogeny of all CD types considered.
There are several important observations to make:

(i) Ao is a limiting age at which the incidence reaches 100%. It appears as an induction period of time for CD [2,3].
(ii) Ctr (male) > Ctr (female);
(iii) Prostate cancer is the most intense CD type;
(iv) ctr defining the kinetic unit may be a specific cell or group of cells, but involves also parts from vital systems involved more or less in CD kinetics (blood, cardiovascular system, lymphatic system, nervous system, endocrine system, etc.);
(v) There is no (linear) relationship between Ctr and ctr in this phylogeny;
(vi) The linear relationship Ctr ~ -CS keeps the same order of points as in the basic phylogeny (Figure 2). This means that for great Ctr corresponds small CS. This explains the fact that prostate CD may be effectively isolated does not interfering with the rest of vital functions. In the opposite site is the skin CD with big CS in the organism;
(vii) CD type coded as 2 for male patients does not fit with the Ao vs –M/N phylogeny, more exactly its specific Ao value is much lower.

Table 3 gathers the first phylogenic parameters as resulted from the considered raw data. These are useful for further analysis of the results obtained on similar data reported for other areas in the world.

Table 3.

phylogeny	n1	m1	correlation
N vs M	-(7.403 ± 0.09)	16 ± 15	0.998
Ao vs –M/N	(6.46 ± 0.36)E-4	6.33 ± 0.06	0.966
M vs –N^2/M	-(1.81 ± 0.004)E-1	0.4 ± 0.5	0.994

Concluding remarks

1. NSW represents statistically a large region with a homogeneous lifestyle, so that the raw data on CD annually new cases agree with standard experimental conditions imposed by the Universal topoenergetic procedure. High incidence rates for melanoma (3xUSA and 6xUK) can be explained by relatively uniform weather (one season) and consequently by high doses of UV radiations responsible for molecular modifications.
2. By considering more accurate data (i.e. from graphics in the NSW-2003 report) do not contribute with more information that above, but it is possible to obtain more accurate phylogenic parameters in view to make difference between other similar reports and establish higher phylogenies.
3. The above results suggest adapting *in vivo* measuring systems revealing CD kinetics according to the general rules currently used in technology. The results will allow highly efficient modes of CD diagnosis and treatment in view to optimize their kinetics.

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[2] Gh. Dragan, “Solubility behavior introducing topoenergetic working principles”, GDF Databanks Bull., 1, 10 (1997) (www.gdfdatabanks.ro)
[3] Gh. Dragan, “DIFFUTOR® - Data Banks of diffusion kinetics”, GDF Databanks Bull., 3 (1), 3 (1999) (www.gdfdatabanks.ro)

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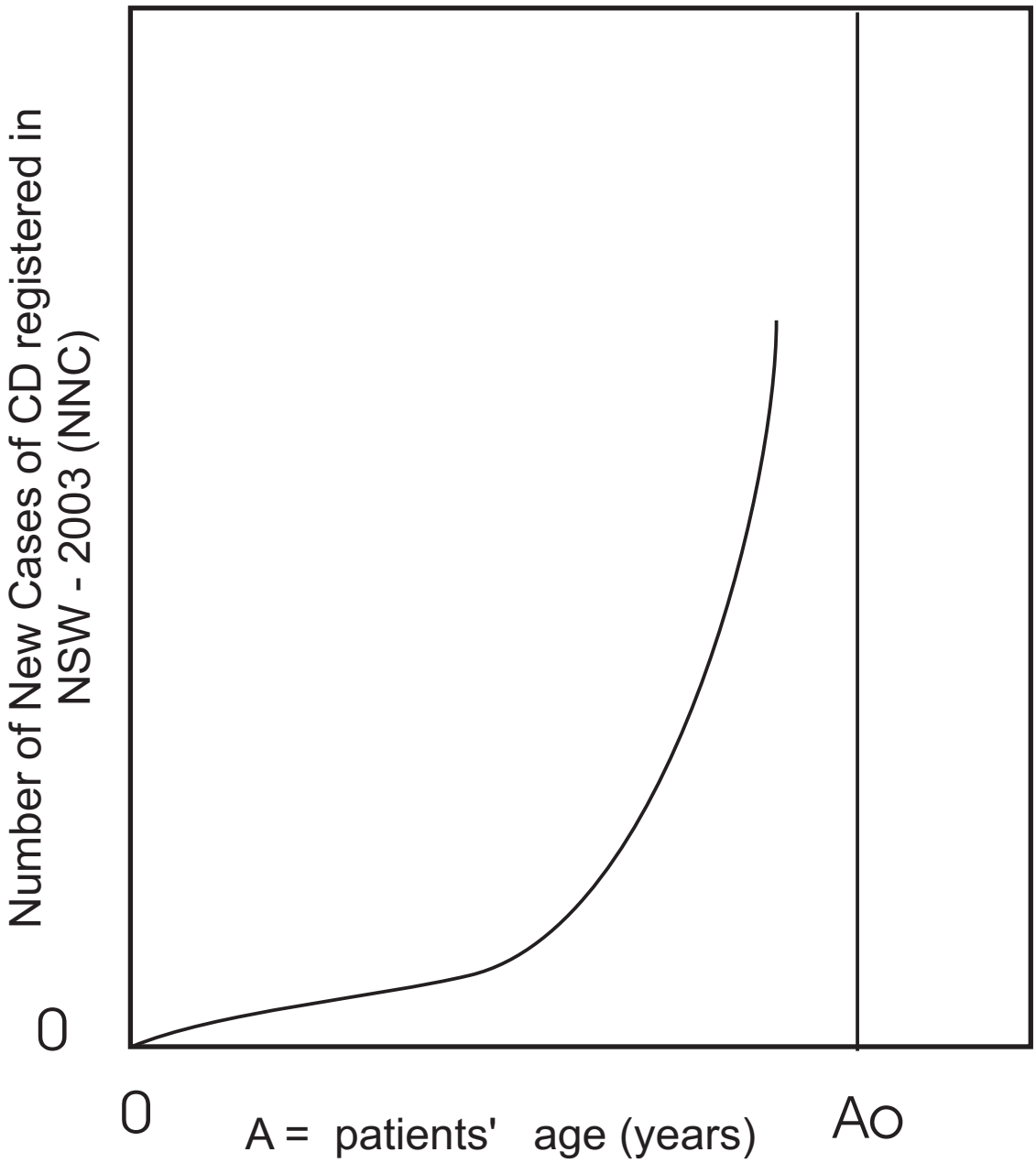
20 November 2005



$$\ln (NNC) = N^* \ln (Ao - A) + M$$

Figure 1. Typical distribution of cancer diseases on the patients' age [1] and its description eqn. according to the Universal procedure (see the text).

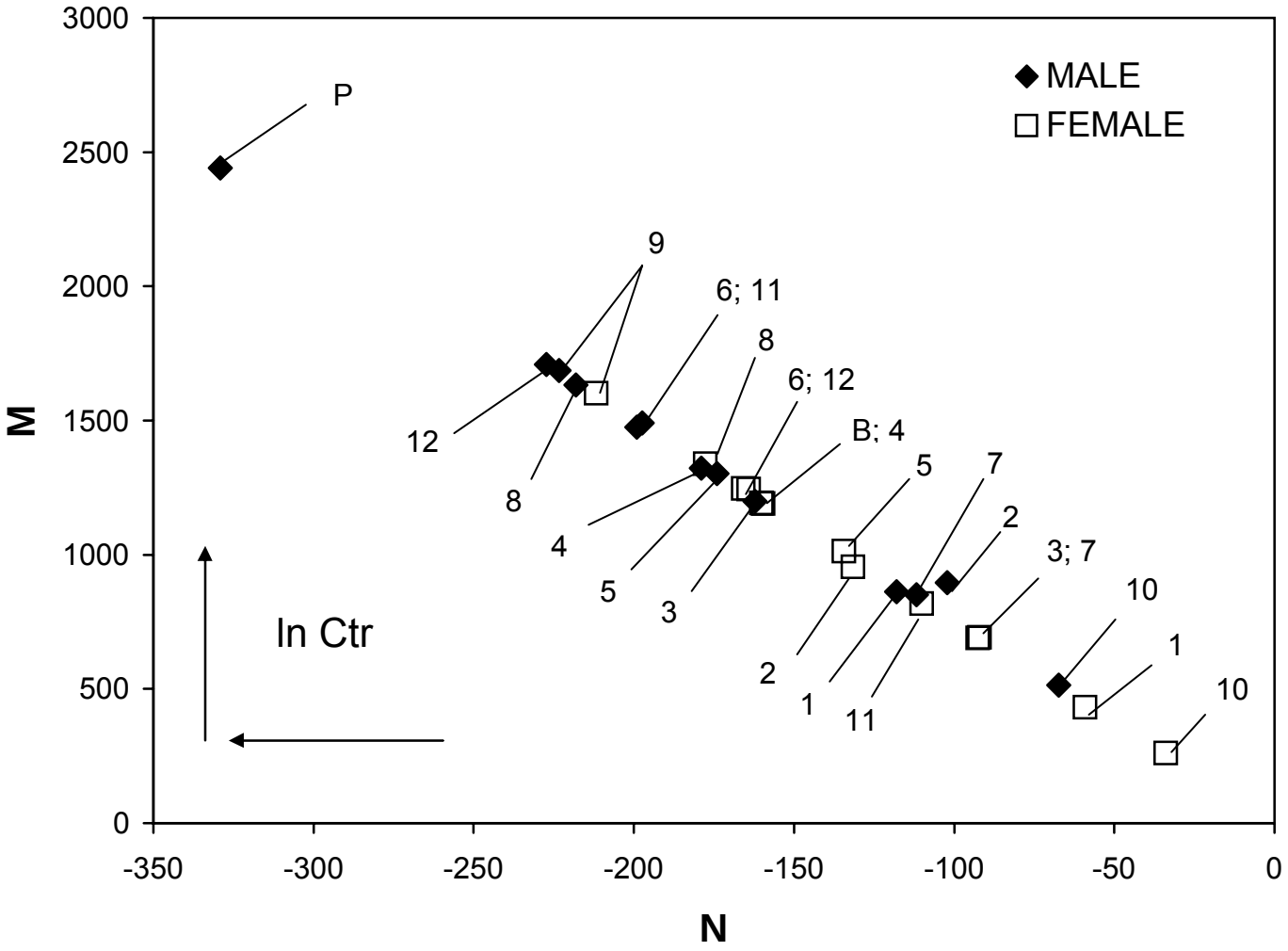


Figure 2. Basic phylogeny of CD types considered in NSW-2003 report.

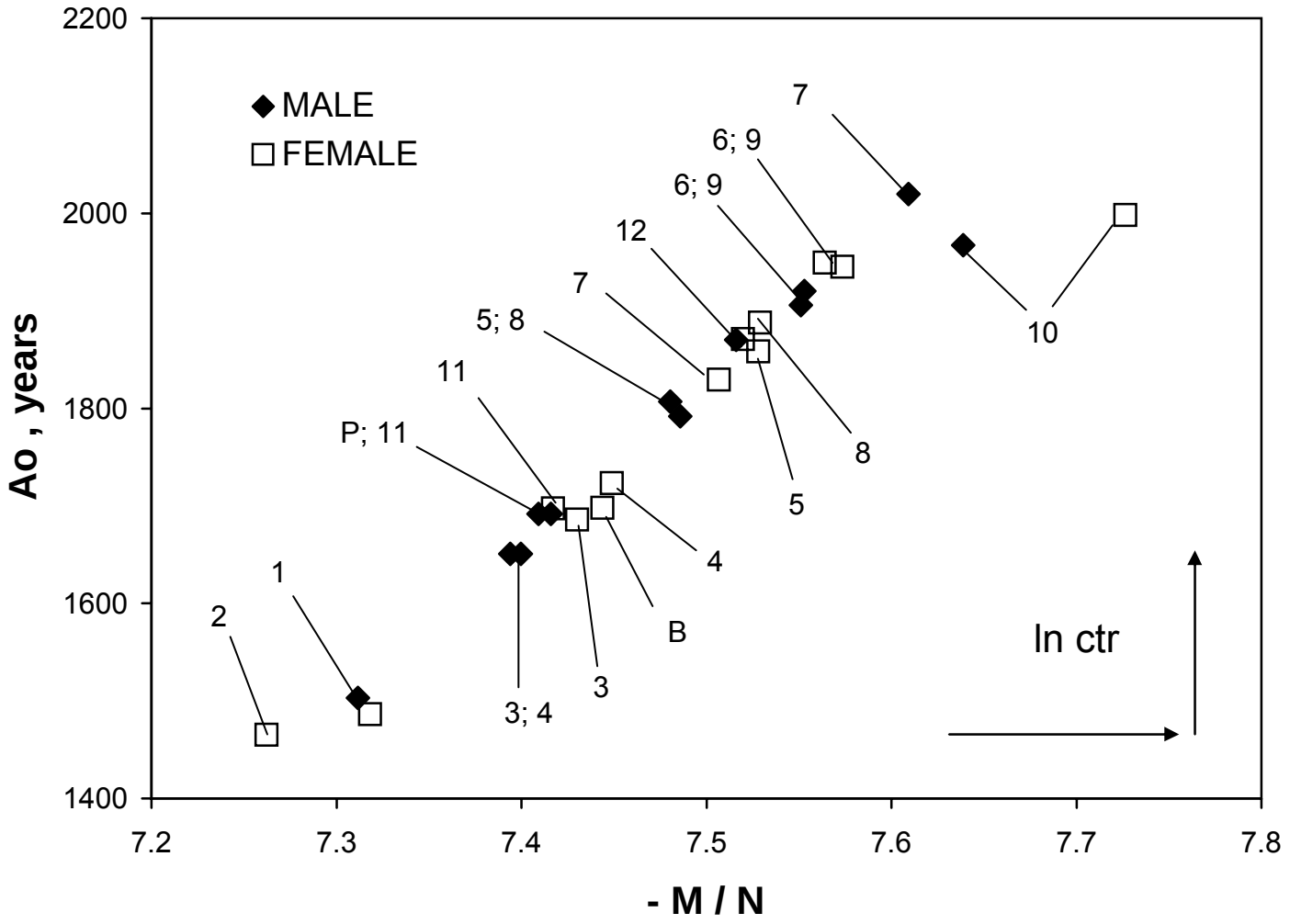


Figure 3. Phylogeny of Ao vs -M/N for CD types considered in NSW-2003 report.

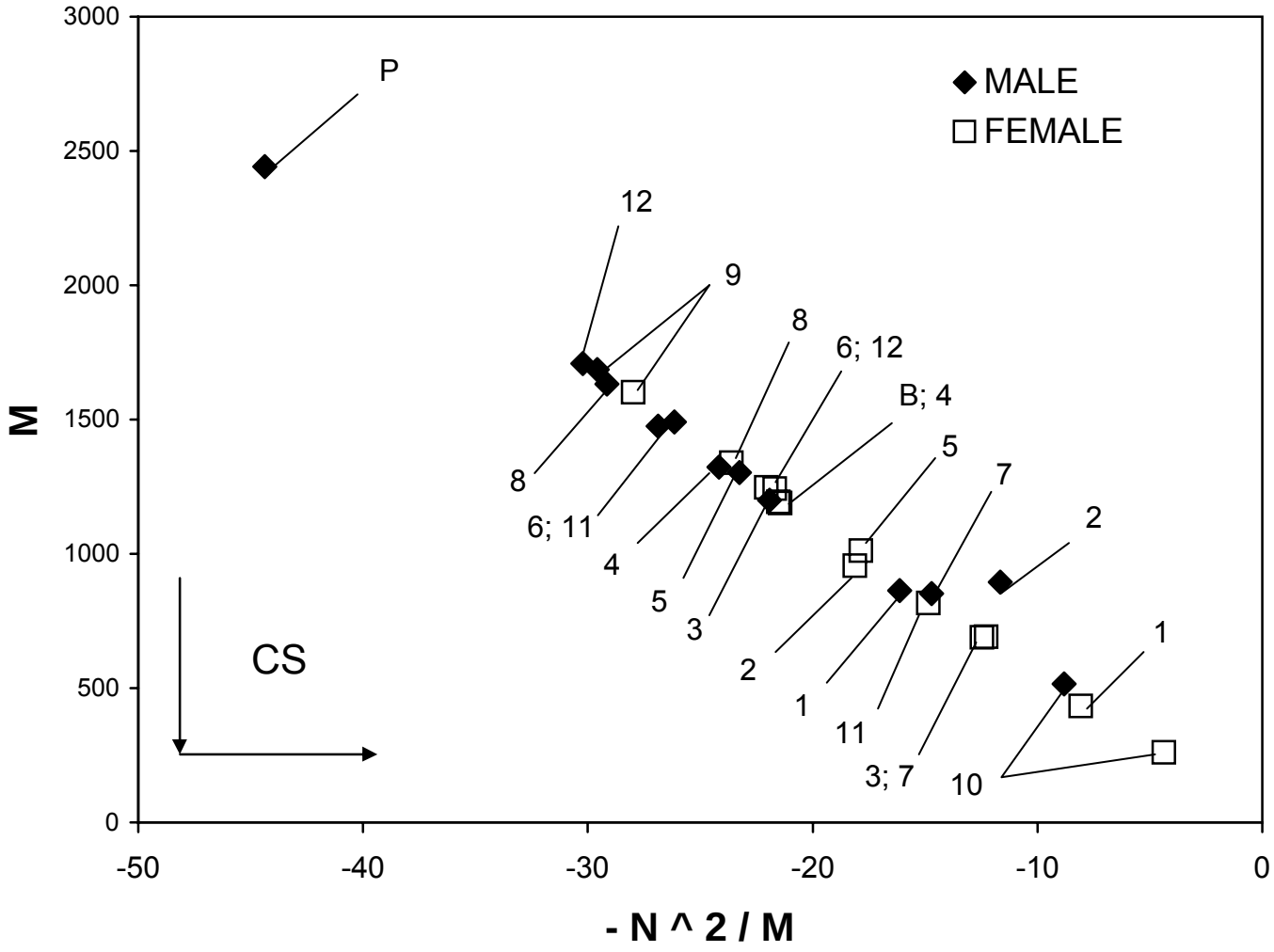


Figure 4. Phylogeny of M vs -N^2/M for CD types reported in NSW-2003 report.

Universal representation of Cancer Disease. 2.UK cancer registrations on 1999-2002.

Meet the disease at its first stage (Persius, Satires)

Introduction

The main features of Cancer Disease's (CD) kinetics were emphasized in the previous note [1] by using the Universal Topoenergetic Representation (UTR) [2] and considering absolute values of newly registered cases during 2003 on the significant and important area of New South Wales from Australia. The basic idea is that so as much we know about a transforming process, so as much we can master it. UTR allows identifying the nature and the amplitude of a transforming process by building a data base of related transforming processes [2,3]. Statistics on annually registered cases of CD issued by different countries allow building up such data bases, but new and more efficient experimental techniques are necessary in view to complete these data bases.
UTR imposes as these techniques must be conducted according to standard experimental conditions [2,3]. One of the basic condition deals with the tested specimen. In the case of these statistics this means that the newly registered cases must be reported on a specific sample of population and geographic area. This is the reason for which so called standard values of new cases of CD (SNC-CD expressing the new cases registered annually on a specific area (country) reported for a population sample of 100,000 people) are considered in this note. These values allow building up data bases with higher phylogenies.
UK Office for National Statistics issues annual reports [4]. SNC-CD values for the period of 1999-2002 separated by sex, five year age groups and body sites are processed according to UTR in the similar manner as in the previous note.
The results are expressed graphically and using the international codes (ICD-10)[5] in view to reveal suggestively the dynamic of CD in UK on 4 consecutive years and some new features of data bases.
In Table 1 are reminded these codes for which the reported values are considered below.

Results and discussions

Figures 1-4 show the first phylogeny of (N,M) for each considered year on which the amplitude (Ctr) of each CD type and sex is revealed. The other basic topoenergetic parameters defining the CD process (ctr and CS) have the same main features as was revealed previously [1].
Figures 5-7 show the second phylogeny of (N,M), (Ao,-M/N) and (M,-N^2/M), respectively, by considering all cancer types and both sexes separated on each

year. Parameters m1 keep the same significance of the respective quantity from the first phylogeny [1-3], so that their dynamics is revealed.

Table 1. The cancer site codes used according to the tenth revision of the international statistical classification of diseases and related health problems (ICD-10)[5].

Cancer site	ICD-10 code
Oesophagus	C15
Stomach	C16
Small intestine	C17
Colorectal	C18-20
Liver	C22
Gall bladder & billiary tracts	C23-24
Pancreas	C25
Trachea & bronchus & lung	C33-34
Melanoma of skin	C43-44
Breast	C50
Uterus & vagin & vulva	C51-55
Ovary & female genital organs	C56-57
Prostate	C61
Kidney	C64
Bladder	C67
Brain	C71
Non-Hodgkin's lymphoma	C82-85
All leukaemias	C91-95

Figure 8 shows the second phylogeny of (N,M) by considering the values on all 4 years and separated by cancer types and sex.
It is easy to observe on these graphics the dynamics and the structure of data base of the NSC-CD considered by taking into account the general and particular significances of topoenergetic parameters.

Concluding remarks

1. The results obtained by UTR of CD statistics have their importance in defining kinetics, dynamics and structure of data bases useful in comparing these features across the worldwide and to find some influence factors affecting them in good or in worse.
2. These results are affected by large statistical deviations, so that it is difficult to reach higher phylogenies.

3. But, these results open the main gate for new experimental techniques in CD research similar to other technological fields. Human body must be integrated in properly defined measuring systems revealing the kinetics of CD and allowing the creation of more efficient data bases mastering their nature and amplitude.

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[5] World Health Organization (WHO), International Statistical Classification of Diseases and Related Health Problems, volumes 1-3 (10^{th} revision), Geneva (1992-1994).

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01 December 2005

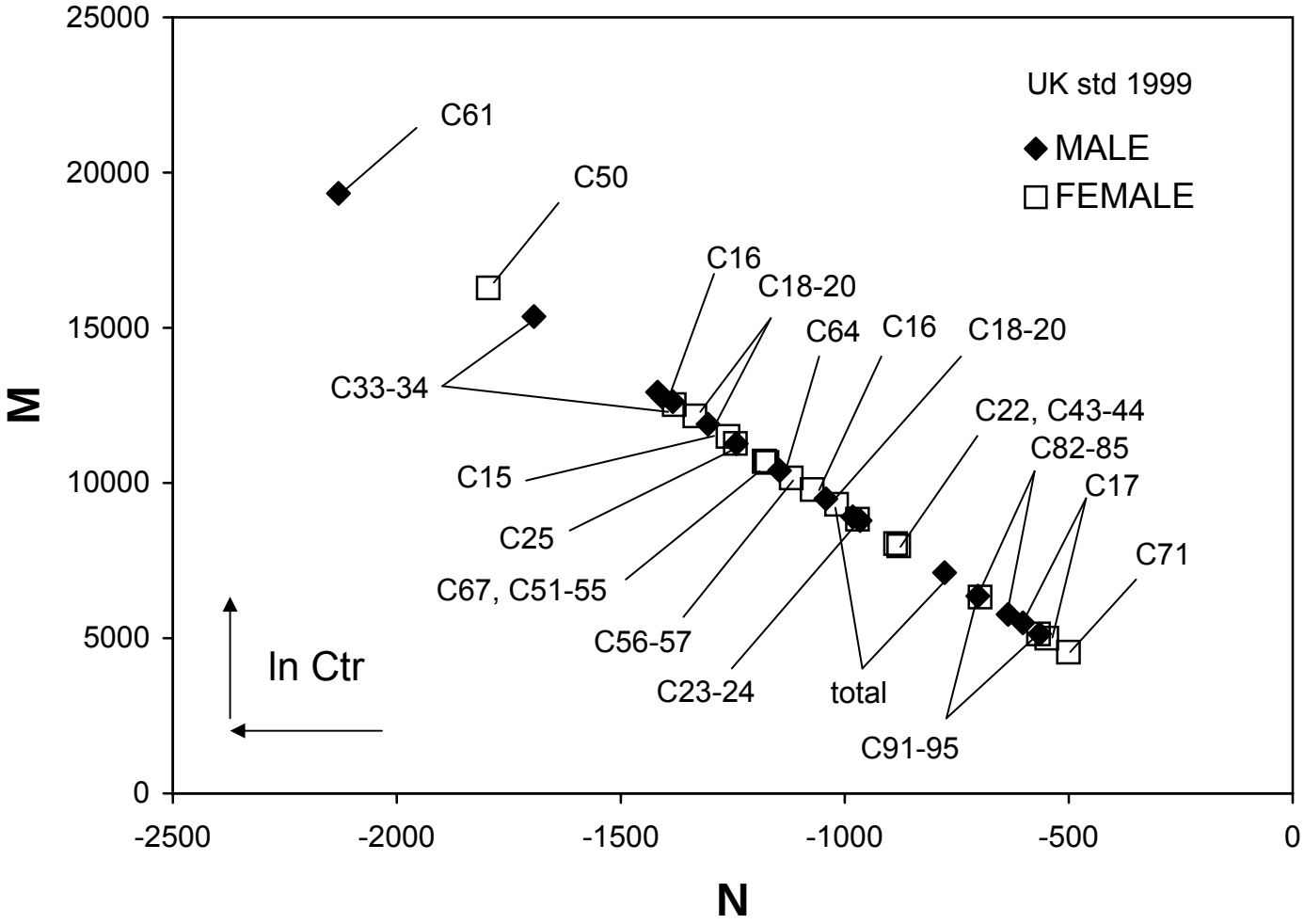

Figure 1. First phylogeny (root (N,M)) of new cases of CD registered in UK for 1999.

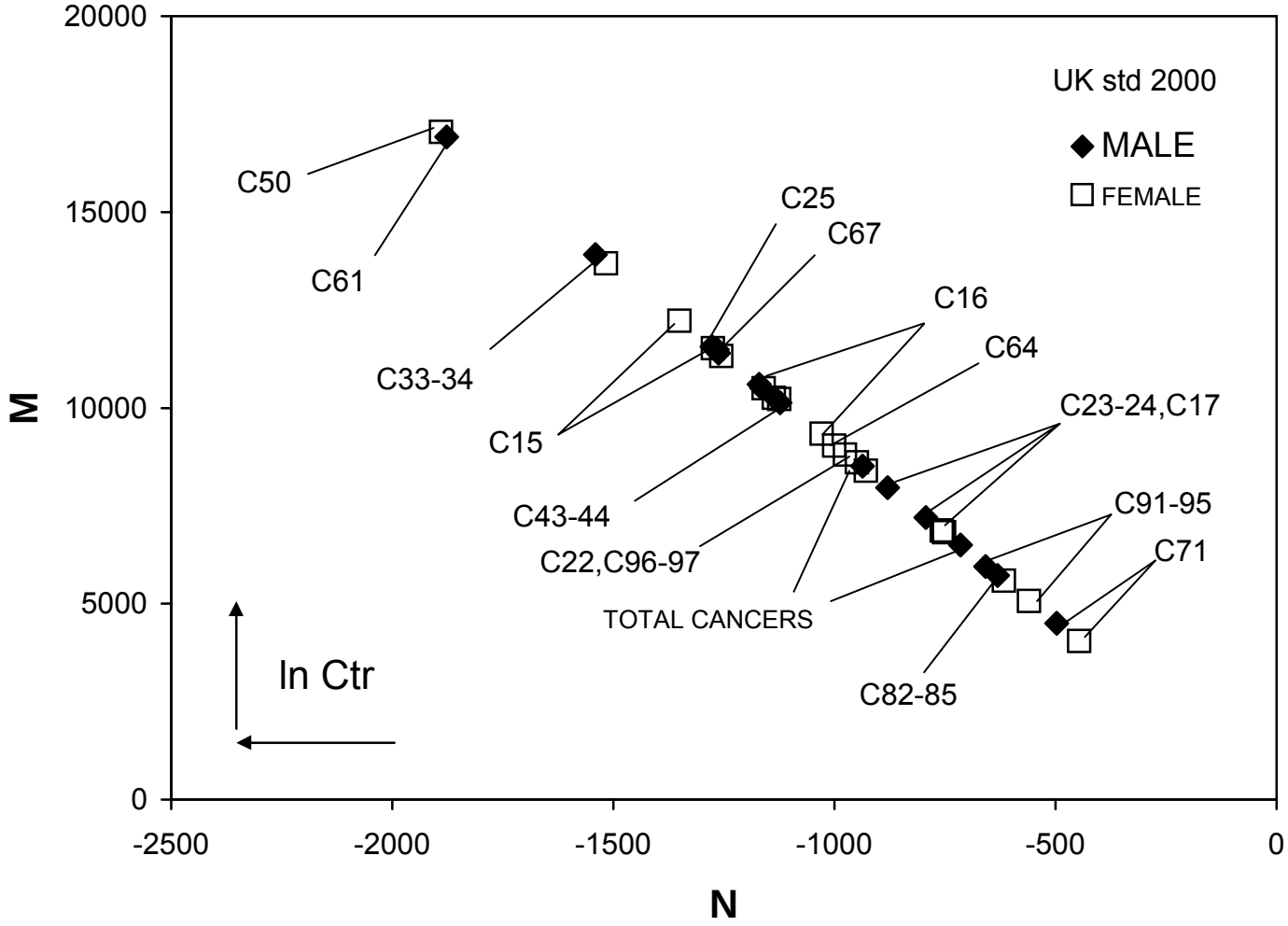

Figure 2. First phylogeny (root (N,M)) of new cases of CD registered in UK for 2000.

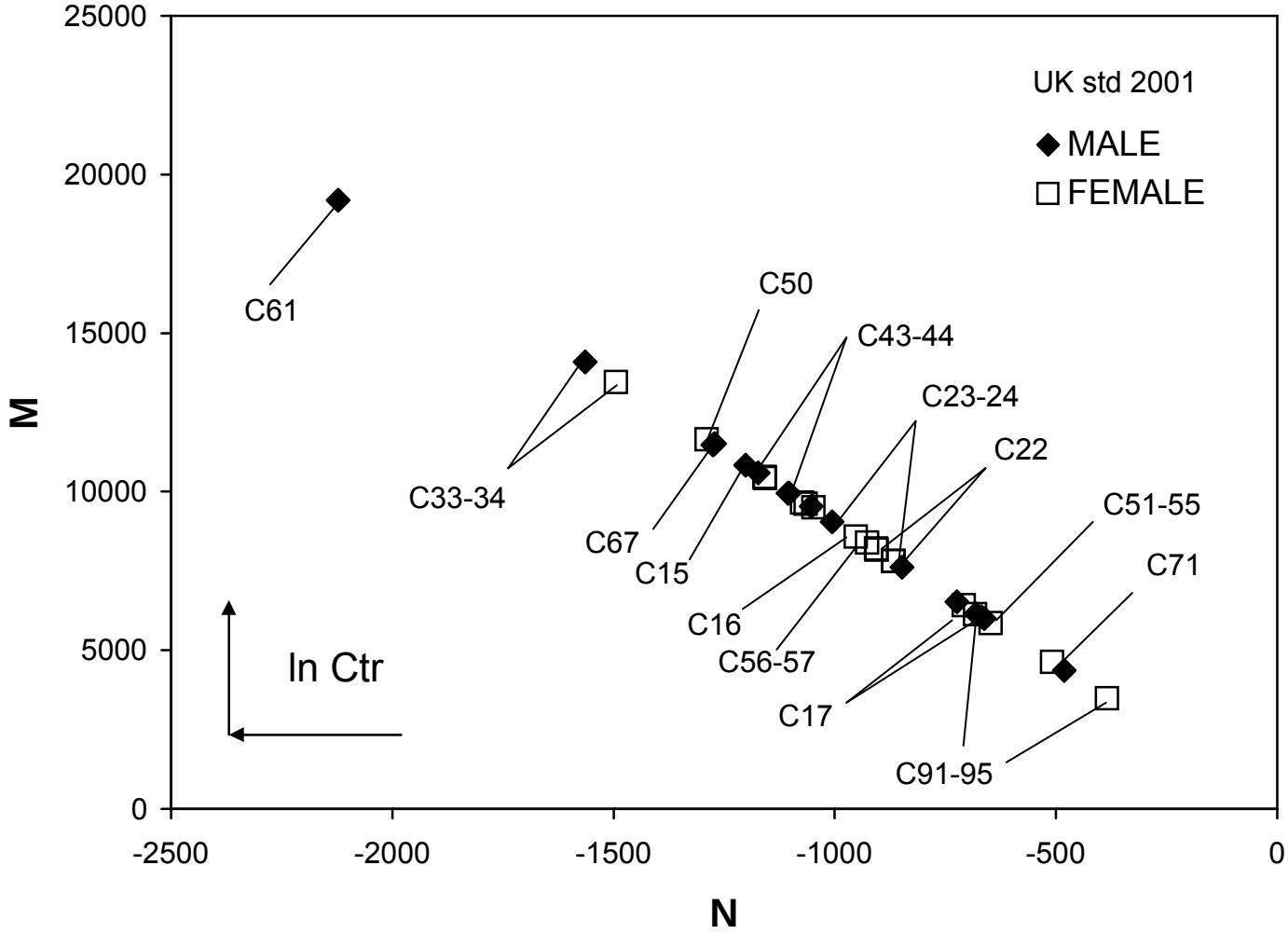

Figure 3. The first phylogeny (root (N,M)) of the new cases of CD registered in UK for 2001.

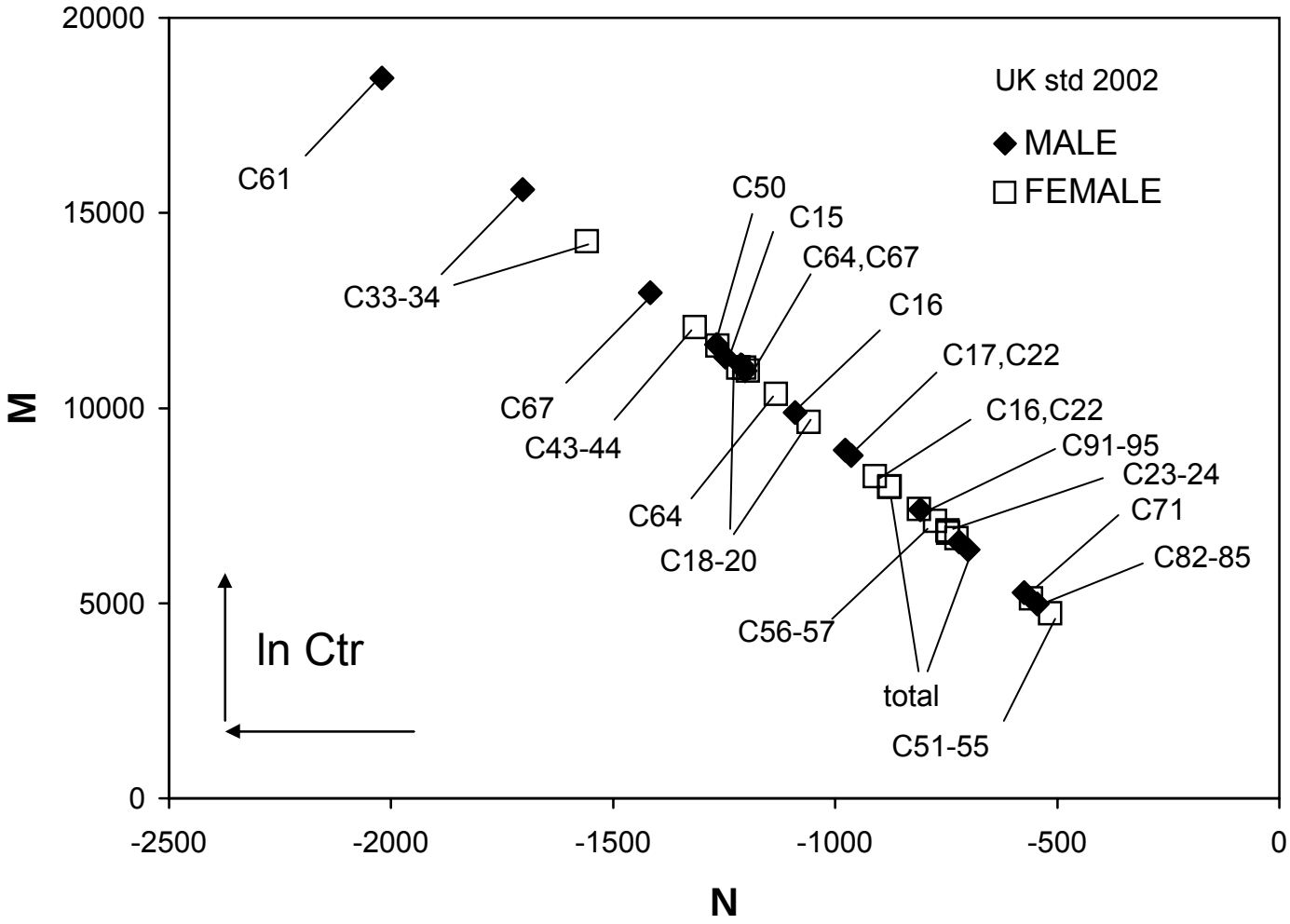

Figure 4. First phylogeny (root (N,M)) of standard new cases of CD registered in UK for 2002.

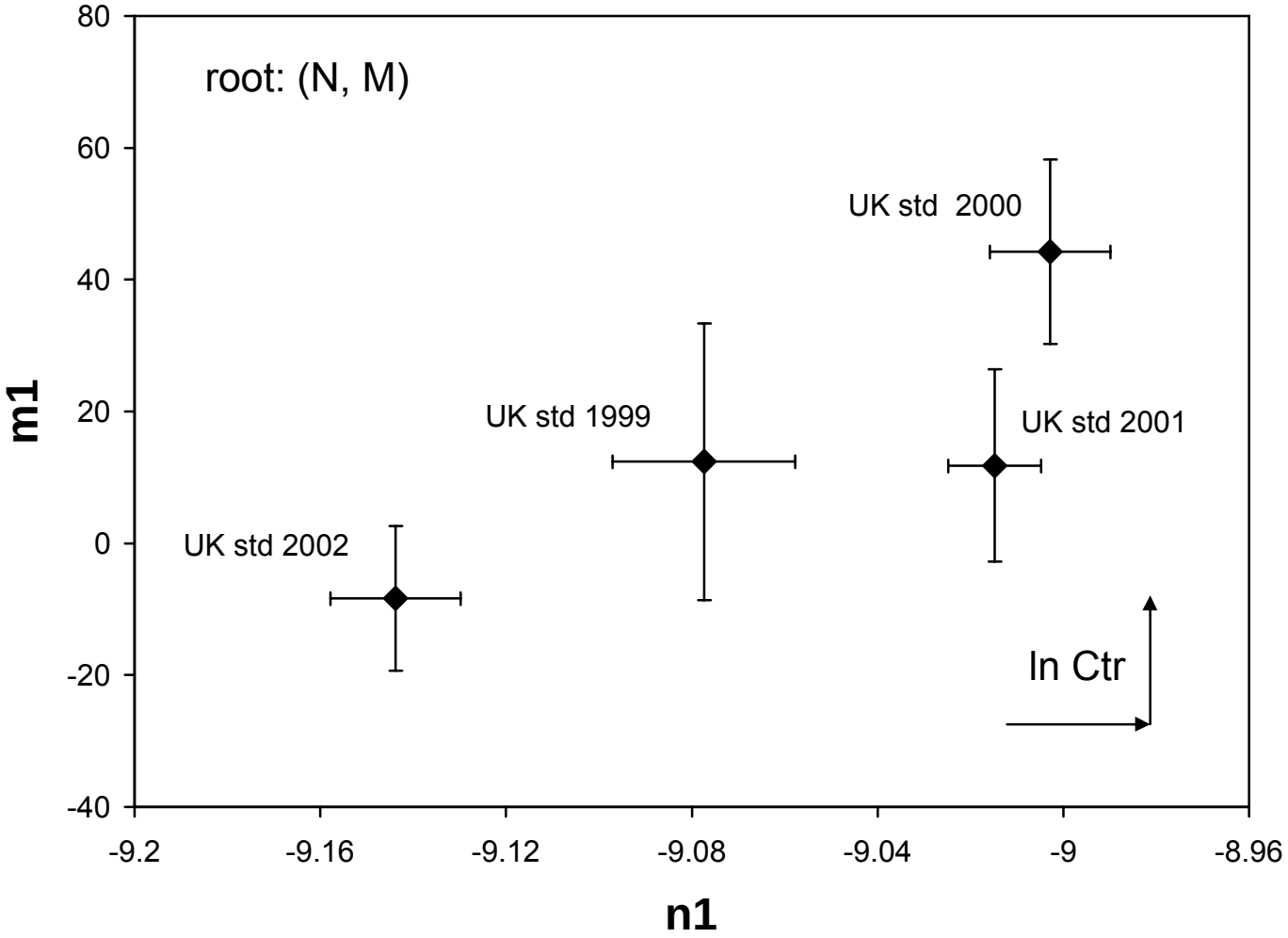

Figure 5. The second phylogeny (root (N,M)) of SNC-CD registered in UK for the period of 1999-2002 (separated for each year).

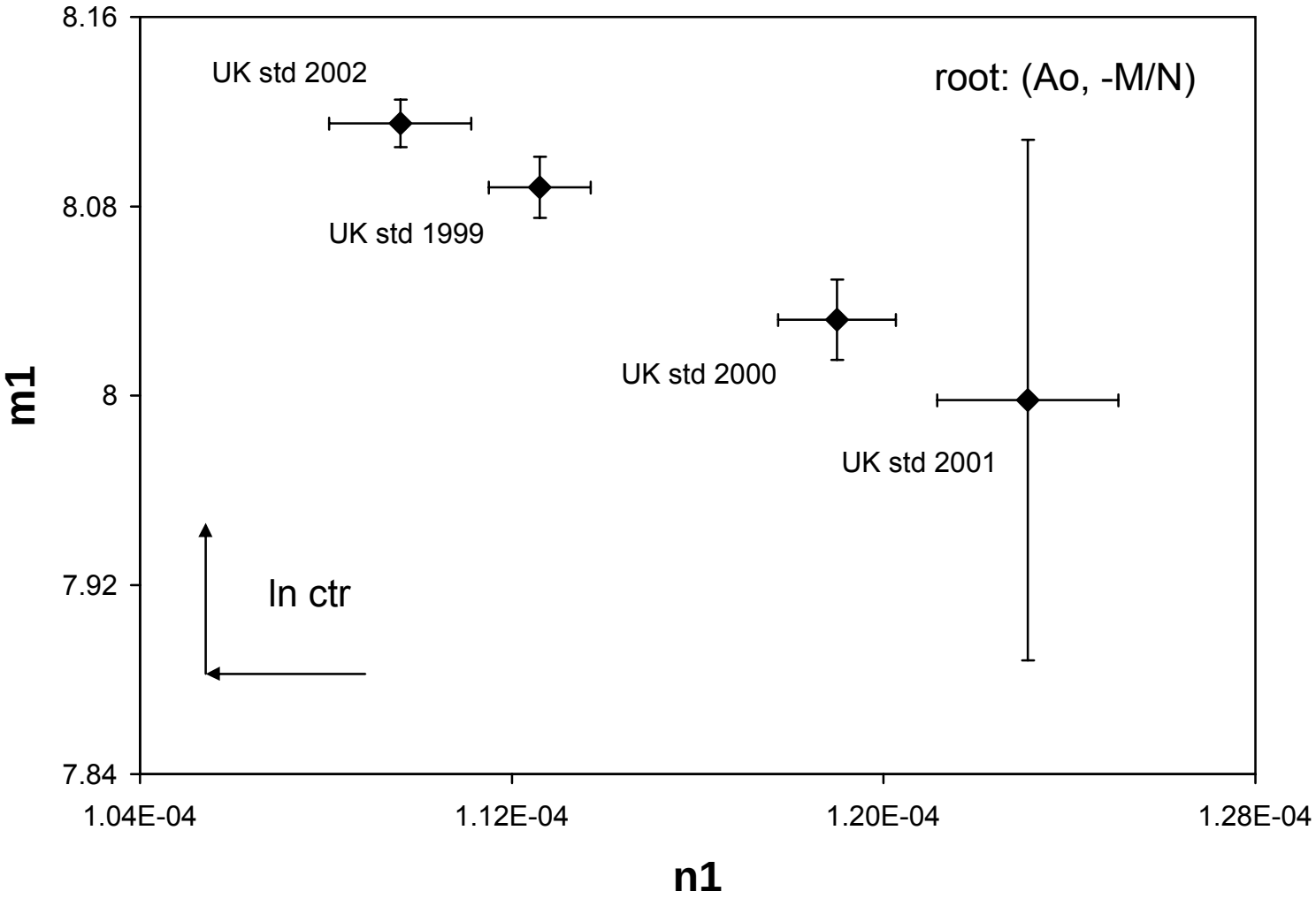

Figure 6. The second phylogeny (root (Ao,-M/N)) of NSC-CD registered in UK for the period of 1999-2002 (separated on each year).

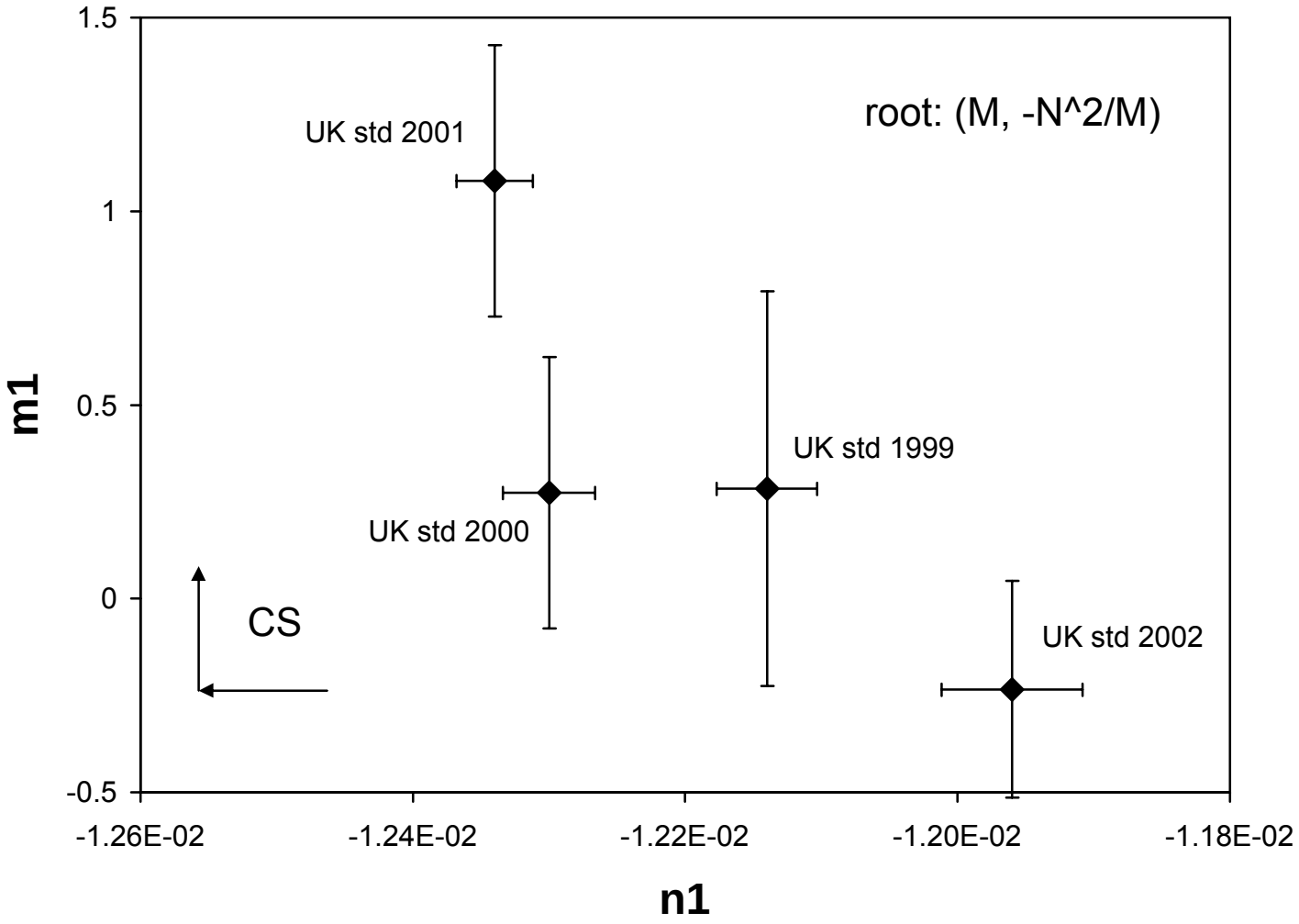

Figure 7. The second phylogeny (root (M,-N^2/M)) of NSC-CD registered in UK for the period of 1999-2002 (separated on each year).

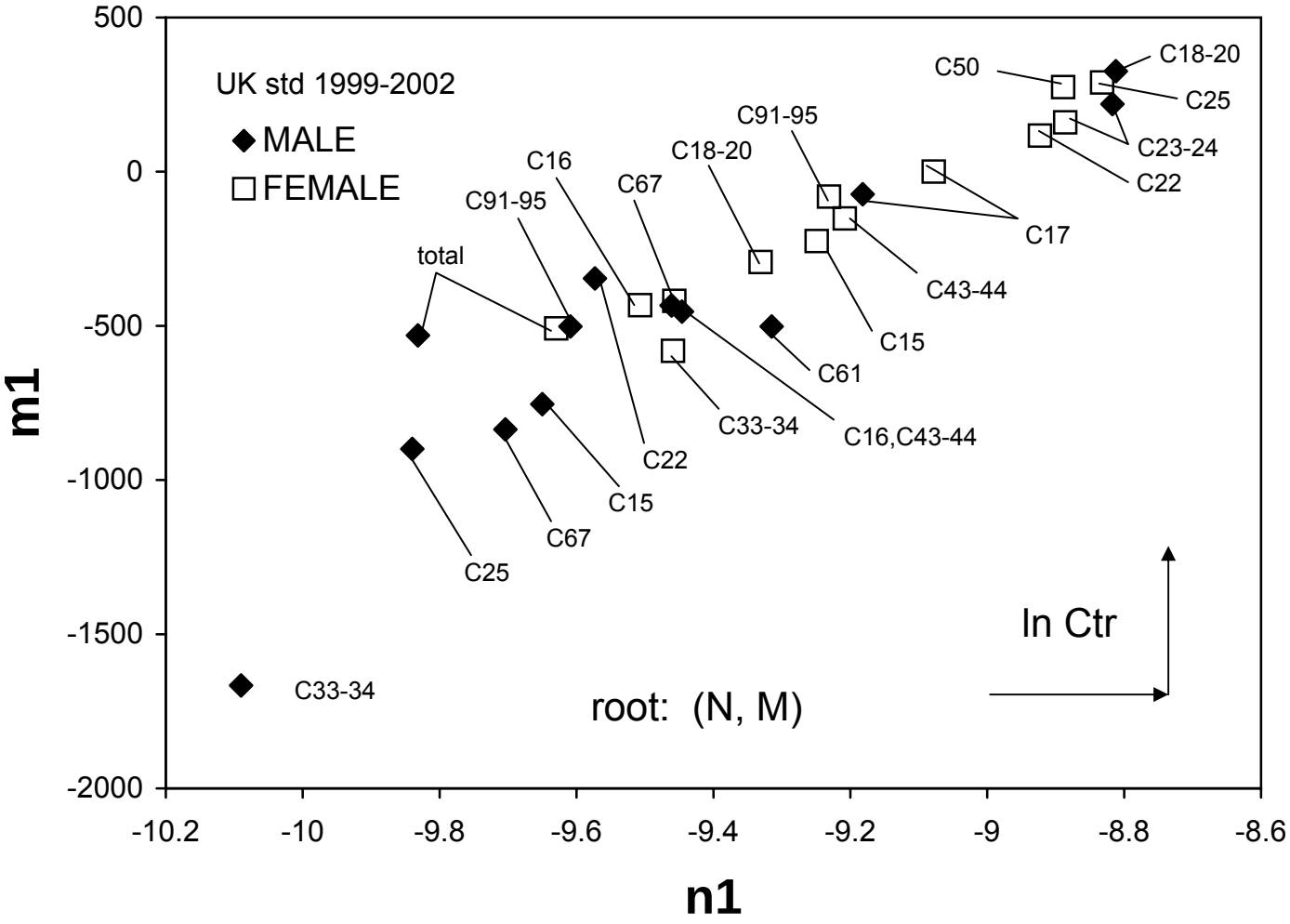

Figure 8. The second phylogeny (root (N,M)) of NSC-CD registered in UK for the period of 1999-2002 (separated by CD site).

Vital Potential

The vital potential is the potential of human organism defined as the driving force of its evolution. It is directly associated with normal or abnormal evolution of human organism corresponding to the healthy and illness state, respectively.
When the vital potential is affected for a long period of time, even for the persons thinking to be in good shape, they may develop an irreversible evolution proper to cancer diseases. The estimation of the vital potential appears as an important warning before illness state irreversibly starts.

Majority of us have the experience of cold and flu states. These start with specific symptoms and have general reversible evolution. If we take into consideration these early symptoms, mainly by protecting our self against cold and avoiding efforts, we are able to stop their evolution.

Cancer diseases install as a result of the lifestyle which becomes more and more inadequate during a long period of time. For this reason cancer diseases appear from statistical data as a result of the human organism exposure to the modern lifestyle (see the previous notes). Consequently, the vital potential decreases by ageing. Cancer like obesity is the result of our selfish pleasures: we are sinking progressively in the marsh created in many cases by our self from which is practically impossible to get out.

BioBalance-2D is an experimental instrument devoted to evidence and evaluates the vital potential. This belongs in a series of instruments resulted from a long experience on a wide variety of systems under transformation including human organism.
BioBalance-2D is an instrument for vital potential control like bathroom scale is for periodic weight control. BioBalance-2D measures some quantities by using a series of sensors fixed on/in the body of the person under test and the obtained values are retrieved according to specific software. The latest electronic block realized for conditioning the signals from the sensors is presented in the attached picture. The resulted signals are transferred to a data logger and/or a PC.

Data obtained by these procedures perfectly agree with the ones obtained with HuPoTest initially established by a long and intensive experience as a very sensitive procedure for vital potential estimation and described in a recent book ("Time – the instrument of selfish thinking", Bucharest 2004, ISBN 973-0-03345-5). Furthermore, we are able to suggest general and specific changes in the lifestyle of the tested person providing vital potential improvement and for its better stability.

All our procedures involved in the vital potential control do not interfere in any respect with the body evolution of the tested person. These are similar with the weight control, taking body temperature and/or blood pressure. Our first suggestions will be for further medical laboratory tests in view to check out and complete our results.

We are providing short and long term tests for vital potential estimation. We undertake for free the short tests which take approximately 1 hour.

The person wishing undertakes the test can contact us by phone or e-mail. He may not give the real name, but chooses a password/nickname and he will receive from us a code, both of them identifying the person in the case of long term tests and/or details about him. No other personal ID needs.
The result of the test enclosing short comments will be sent by post or e-mail.

The long term tests allow evidencing the stability of the vital potential. These involve a more complicated calendar of tests for a longer period of time which depends on the preliminary test and medical laboratory tests.

See the contact details for more information.

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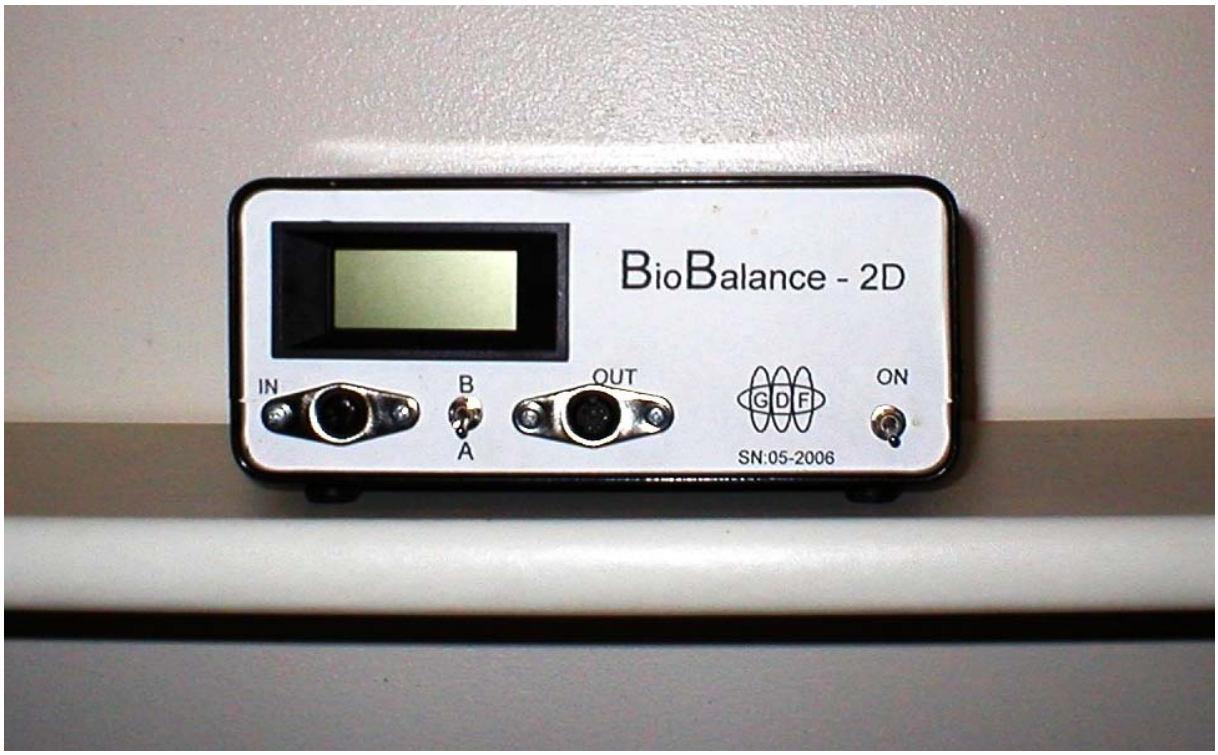

1 December 2005

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GDF DATABANKS BULLETIN, VOL. 9, NO.3, 2005
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ISSN 1453-1674