Rossana's Manoeuvre in bedside ascertaining disorders, oncological in nature.

By Sergio Stagnaro

The topic of this fascinating article is really interesting particularly for the general practitioners, so that I like to underline the following original, clinical information.

I have discovered and described in previous papers how our brain sensor, i.e. PNEI system and Limbic area, including Hippocampus, react to every, even minimal, insult, aiming to damage or to destroy body health, independent of its nature, as both clinical and experimental evidences demonstrate.

In a few words, at Christmas 2011, from womb of Quantum Biophysical Semeiotics (http://www.sisbq.org) has born a new clinical diagnostic method, I have termed Brain Sensor Bedside Evaluation (BSBE), which opened a new road in the field of physical Semeiotics (1). Physycians have to utilize in daily practice the present knowledge on cerebral cortex functions, as it has recently happened, regarding PNEI system and Limbic region, i.e. Brain Sensor Bedside Evaluation.

In following I briefly illustrate the Rossana's Manoeuvre, reliable in bedside recognizing from the birth, i.e., from Oncological Terrain-Dependent, Inherited Real Risk, lesion oncological in nature. Interestingly, such a clinical method allows physicians to bedside diagnose, easily and quickly, the presence of the heritable, through maternal mitochondria, predisposition to cancer, locating it precisely with a stethoscope, staging it and fortunately removing it by inexpensive Reconstructing Mitochondrial Quantum Therapy (2-4).

In health, at rest, Hippocampus microcirculatory flow-motion shows wall physiological movements: the diastole of Peripheral Heart, according to Allegra (5), namely, small arteries and arterioles, according to Hammersen, lasts 6 sec. (= vasomotility), paralleling the duration of vasomotion of the local nutritional capillaries: type I, physiological, Associated Microcirculation.

As a consequence, the Latency Time of Brain Sensor-Aspecific Gastric Reflex is 8 sec., Duration is physiological: < 3 sec. – 4 sec. <

On the contrary, in individual involved by any oncological disorder, starting from birth, i.e., from the Oncological Terrain-Dependent, Inherited Real Risk, Hippocampus microcirculation appears activated, of Type 2, dissociated, characterized by prolonged Duration of the only vasomotility, aimed at maintaining in normal range the vasomotion (= 6 sec.). The intensity of these parameter values parallels the seriousness of underlying disorder.

Thus, under pathological disorders, oncological in nature, Latency Time of Brain Sensor-Aspecific Gastric Reflex is normal, i.e., 8 sec. in the Oncological Terrain-Dependent, Inherited Real Risk of cancer, but Duration is 4 sec. or more.

In presence of overt malignancy, Latency Time of the referred Reflex lowers, in inverse correlation with the seriousness of cancer.

Interestingly, in the overt tumour, intense digital pressure (1,000 dyne/cm2), applied directly either on lesion or on its trigger-pint, brings about simultaneously further Microcirculatory Activation in the Hippocampus, doubling the basal duration of the Latency Time of Hippocampus-Gastric Aspecific Reflex, a value more easy to be evaluated by physicians.

On the contrary, in the first stages of cancer, the above reflex pathological events show a less intensity and a delay in the onset after the stimulation, above referred. Latency Time ranging from 2 to 10 sec., in inverse relation to the stage of the disease.

The above results are corroborated by Moncada's Manoeuvre , Cris Manoeuvre, and Burigana Manoeuvre (6-10).

At this point, I would like to emphasize that the multiple functions of the cerebellum, can now be carefully evaluated at the bedside with a common stethoscope, according to Clinical Microangiology (5).

Some years ago, I have suggested the possible existence of a close relationship between the cerebellum and future cerebral atherosclerosis, demonstrating it in clinical research, performed with the essential psychokinetic diagnostics (1-3). Such a intuition proved to be correct, since the cerebellum is a sensor of future cerebral degenerative vascular disease, as Senile Dementia, Parkinson Disease, Alzheimer Disease, a.s.o.

Briefly said, I started a clinical research aimed to recognize the possible Inherited Real Risk of all Brain Degenerative Diseases. It is impossible to summarize this complex method. However, the following experimental evidence highlight what I mean.

In health, the simple thinking of rotating the head is accompanied by microcirculatory activation, type I, associated, physiological, in the cerebellum middle anterior area.

In contrast, in patients involved by overt brain atherosclerosis, between the "thinking" of rotate the head and the cerebellar microcirculatory activation there is a latency time of 3 - 4 seconds, because of the local microcirculatory remodeling, typical of the Inherited Real Risk, removed by inexpensive therapy (4).

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