Vallebona's Manoeuvre*. Under renal experimental decongestion, the significant increase in blood flow in oncological tissue plays a central diagnostic and differential diagnostic role.

By Sergio Stagnaro

As shows Oncological Terrain-dependent, Inherited Real Risk, tumour microcirculation differs from that of normal tissues, from Cllinical Microangiology point of view (1-4).

Authors observed that elevation of blood pressure produced a several-fold increase in tumour blood flow without increasing blood flow in normal tissue(5). These results indicate that the delivery of systemically administered anticancer drugs could be selectively enhanced in tumour tissues by induced hypertension. Unfortunately, no one has ever thought to use the different microcirculatory behaviour in cancer for diagnostic and differential diagnostic purposes (6-10).

Recent advances have improved our understanding of the renin-angiotensin system (RAS). These have included the recognition that angiotensin (Ang 1-7) is a biologically active product of the RAS cascade. The identification of the ACE homologue ACE2, which forms Ang-1-7) from Ang II, and the GPCR Mas as an Ang-1-7 receptor have provided the necessary biochemical and molecular background and tools to study the biological significance of Ang-1-7 (5-7).

Most available evidence supports a counter-regulatory role for Ang-1-7 by opposing many actions of Ang II on AT_1 receptors, especially vasoconstriction. Many studies have now shown that Ang-1-7 by acting via Mas receptor exerts inhibitory effects on inflammation and on vascular and cellular growth mechanisms.

The homogeneous data of my ongoing research, observed on 23 individuals of both sexes, aged from 12 to 44 years, taken together, may help in paving the original way, microcirculatory in nature, for the development of novel diagnostic and differential diagnostic procedure for cancer, starting from its initial stage of Oncological Terrain-dependent, Inherited Real Risk.

In previous artiches, I have developed the clinical evaluation of the RAS, demonstrating the real reliability of Quantum-Biophysical-Semeiotics in both diagnostic and researc (13).

Interestingly, due to the presence of no local realm in all biological systems, in one second doctors, skilled in Quantum-Biophysical-Semeiotics , may bedside recognize any disorders in urinary tract by means of Pollio's Sign (13, 14).

In healthy, intense (1.000 dyne/cm.^{2}) cutaneous pinching of kidney trigger-points does not bring about simultaneously the Gastric Aspecific Reflex (Fig- 1).

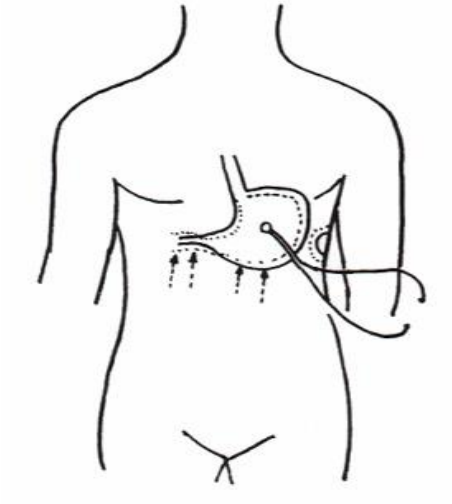

Fig.1

Gastro-Aspecific Reflex. In the stomach, Both fundus and body are dilated , while antral-pyloric region contracts.

On the contrary, in the presence of any disease of the urinary tract, such a reflex appears simultaneously: positive.**Pollio' Sign**.

Soon thereafter physicians can localize the precise site of disorder, ascertaining its real nature.

Interestingly, as regards early diagnosis of **renal artery stenosis**, Quantum Biophysical Semeiotics allows doctor to bedside recognize this vascular disorder of the kidney, since its initial stage of Inherited Real Risk.

Perhaps, for instance, available evidence does not clearly support one treatment approach over another for atherosclerotic renal artery stenosis. However, we must admit that patients with such a disorder are properly diagnosed exclusively a long time after initial disease onset, as in our case.

Unfortunately, all around the world, General Practitioners know only the traditional physical semeiotics, that isn't so efficacious to allow doctor to recognize, since its first stage**, Renal Artery Stenosis**. Nowadays, physicians are capable to bedside recognize from birth any real risk of kidney diseases, both oncological and degenerative in nature.

In order to recognize **Renal Artery Stenosis**, the following easy and quick manoeuvre proved to be really effective in my long year clinical experience.

In health, doctor first of all delimits kidney area (15). Soon therafter doctor increases the pressure of stethoscope bell-piece, localized on kidney cutaneous projection area, causing kidney dilation (due to its congestion) immediately followed by kidney size reduction (due to decongestion) to its minimal value.

At this point, pressure prompt interruption causes the rapid - in 2 sec or less - return of kidney to its normal, basal size, indicating a physiological blood flow in renal artery.

On the contrary, in case of renal artery stenosis, the latency time results more than 2 sec., in relation to the severity of underlying disease.

To stimulate RAS, physician stimulates any one renal trigger point by cutaneous intense pintching, that causes renal decongestion and secretion of renin. In reality, this procedure is simultaneously followed by physiological Microcirculatory Activation, type I, associated (1, 2) in both the adrenal gland (catecholamines) and in the liver (angiotensinogen).

In whatever normal tissue, after the intense stimulation of kidney trigger points, the Latency Time of Gastric Aspecific Reflex slowly lowers. For instance, basal Liver- GA Reflex is 8 sec., and after the renal decongestion lowers to about 7 sec.

On the contrary, in the cancer, even in its real initial stage of Inherited Real Risk, latency Time of gastric aspecific reflex increases, and its augmentation is related directly to the stage, i.e. to the seriousness of disorder.

Due to obvious reasons, I do not illustrate the refined and reliable signs of Clinical Microangiology (1, 2), namely the fascinating behaviour of the peripheral heart, according to Claudio Allegra, under **Vallebona's Manoeuvre**. Interestingly, these microcirculatory events represent the "Implicate Order" (D. Bohn), which underlies the clinical QBS phenomenology, illustrated above.

Importantly, the provisional but homogeneous data of an ongoing research, started recently, show the identical behaviour of chronic degenerative non-oncological tissues, as CVD, Osteoporosis, and T2DM.

If these data will be corroborated on a large scale by other Authors, the **Vallebona's Manoeuvre** may help in paving another original way in clinical diagnostics.

***** Manoeuvre dedicated to my unforgettable friend Enrico Vallebona,

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