

Polimialgia Reumatica. Annals of Internal Medicine

by Sergio Stagnaro (10 gennaio 2021)

All'inizio degli anni'80 ho scoperto e descritto una variante della Polimialgia Reumatica, illustrata in convegni mondiali di Reumatologia (Mosca 1983, Montecarlo 1986). Un mio lungo commento sulla diagnosi clinica precoce della Polimialgia Reumatica, sia classica sia variante, è da oggi in rete nell'autorevole sito degli Annals of Internal Medicine.

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I Reumatologi italiani non mi hanno mai invitato ai loro congressi; i Ministri della Salute degli ultimi cinquant'anni e i loro esperti non hanno mai degnato chi scrive di una risposta (ad alcuni di loro ho salvato la vita con la TQMR!); i giornalisti che diffondono i progressi della Medicina, politicamente corretti, non hanno mai diffuso quanto sopra. Viene spontaneo chiedersi: A chi giova il silenzio sulla Semeiotica Biofisica Quantistica?

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Annals On Call - Polymyalgia Rheumatica and Giant Cell Arteritis^{FREE}

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Sergio Stagnaro Quantum Biophysical Semeiotic Research Laboratory 10 January 2021

Clinical Diagnosis of Polymyalgia Rheumatica both classical and acute benign variant.

The clinical diagnosis of rheumatic polymyalgia is easily made on the basis of numerous and characteristic signs, bedside detected with the Quantum Biophysical Semeiotic, starting from its initial stage (1-2). Furthermore, with the help of this fundamental diagnostic method, I've discovered and described, for the first time, the acute benign variant of polymyalgia rheumatica, brought about by flu viruses in individuals positive to Rheumatic Constitution (4, 5). There are symptoms in common and differences between the Acute Benigne Variante PR and the classical P.R. The following phenomena are in common: The mitochondrial impairment, heritable through the mother, i.e. CAEMH, is always present in both forms. In other words, the patients show, from birth, an intense impairment of mitochondrial activity, of terminal metabolism, that is, of oxidative phosphorylation with slowing of the flow of electrons in the respiratory chain and, therefore, reduction of the phosphorylated substrates rich in energy cells. The CAEMH is the sine qua non of immune-based diseases, suggesting a close relationship between HLA and CAEMH. The female sex is affected by preference: 60 out of 67 cases observed were women (90%); the sterno-clavicular and manubrium-sternal body synchondrosis are typically involved: no other disease affects these structures except for ankylosing spondylitis. The fact further suggests the possible existence of a relationship between HLA and CAEMH. In both forms of P.R. large proximal joints are affected exclusively or preferably; it is possible to observe (personal experience) classical P.R. in parents of patients with P.R.A.B.V. In one woman, the classic form appeared after 7 years. from the healing of a variant benign acute form. For obvious reasons, nothing conclusive can be reported on this interesting topic: the nature of both forms is clearly immune. These six facts allow us to define the acute benign variant form as "polymyalgia". These are the differences between the forms of P.R., some points must be considered: age of patients: the classic form is known to affect women (and men) over 60 years old. of age. On the contrary, the P.R.A.B.V. involves especially women under 55 years old. In the personal case series 50 times there are patients in this age, equal to 75%. In the opinion of the writer, however widely shared, the age factor gives particular characteristics to clinical phenomenology, although in the presence of identical etiological agents and of the same constitutional substrate - HLA or CAEMH. Although the large proximal, "rhizomelic" joints are most intensely affected, the distal ones also show p.asc signs. of suffering, of decreasing intensity towards the periphery. The cause of the acute benign variant forms is certainly viral: the viral influenza episode always precedes the onset of P.R. acute (3). Studies following the writing of the paper have shown that autoimmune diseases, including P.R.A.B.V., affect only individuals carrying CAEMH, characterized by right brain dominance (2). The etiology of P.R. classical is still uncertain even if there is insistence on viruses, in particular, HBV, as already mentioned. The clinical picture of the form described here is dominated by chest pain, localized, unilateral and by the consequent anxiety of the P. The therapy of the two forms is different: while cortisone drugs are the therapy of choice of P.R. classical, the acute form benigna variant reaches complete recovery, in ca. 10 days, under anti-catarthal vaccine treatment and with metisoprinol.

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1) **Stagnaro S.**, Auscultatory Percussion of Rheumatic Diseases. X European

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3) **Stagnaro S.**, Polimialgia Reumatica Acuta Benigna Variante. Clin. Ter. 118, 193, 1986 [**Medline**] .

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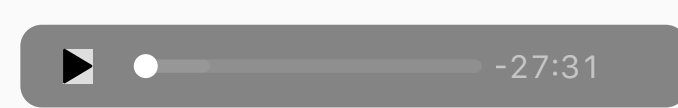
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