

New ways in physical Diagnostics: Brain Sensor Bedside Evaluation. The Gandolfo's Sign.

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Introduction

We are driving along in our car and suddenly a yellow light illuminates on our dash telling us to check or service our engine. If the "check engine" light goes on, saying "check", we understand immediately that this is a warning signal to warn of the existence of any engine problem. The yellow light tells us: 'Be careful, there's something wrong, thus seek immediately an expert's assistance to take a test!'. Consequently, we go to our mechanic, who proceeds to a thorough diagnosis, by connecting a small computer to the car. Within few seconds, the tester tells him where exactly the problem is, in order to adopt the appropriate maintenance measures.

In ancient times, before the advent of ICT (Information & Communication Technology), good mechanicals used to check manually and carefully each area of the engine, testing structure and function, in order to discover the location of the fault, or the danger, perhaps previously reported by strange noises.

The Brain Sensor acts like the 'check engine' light, which illuminates whenever there is a problem, a disorder, even very initial or silent, in the human body which leads to the activation of one or more centers of the PNEI system, and limbic region.

Quantum Biophysical Semeiotics [1,2] provide tools for Brain Bedside Sensor Evaluation (BSBE) to see if the "check" light of a subject is turned on or off. In particular, micro-vascular wall dynamics must be observed according to Clinical Microangiology [3].

In the brain, the neural centers of the SST-RH and epiphysis represent the main site of regulation of the human body's defense against harmful agents both internal (metabolic changes, renal excretory organs, etc..) and external (viruses, bacteria, toxic, etc..) one, and, i.e., if they are functionally/structurally altered this is the basis of Oncological Terrain – OT [4].

The null hypothesis that we have agreed to forge is as follows. For instance, if a single cell degenerates, becoming a no-social element, the neural centers responsible for the protection of anti-neoplastic immediately feel the danger, and they are activated by increasing the means of defense, cellular and not cellular, until healing in the healthy subject occurs.

Similarly, when an agent virus attacks the human body, the Tissue Micro-vascular Unit diagram [5] of the digital tip, starting from the first stage, changes, and we immediately realize that the organism defense centers are stimulated, more or less intensely, increasing vasomotility and vasomotion of local microvessels, according to Angiobiopathy theory [6].

In addition, the limbic system, under all the conditions of change in the way of being and functioning of a tissue – glandular, with outer secretion, muscular, etc. – above referred as example - reacts simultaneously with the organism defense neuronal centers.

Therefore, QBS allows to evaluate exactly the brain tissue-micro-vascular unit, including that of the limbic system (pre-frontal cortex, limbic, amygdale, supra-chiasmatic nucleus, pineal gland, hypothalamus) and the neural centers of OT, and therefore the diagnosis even earlier, of all human diseases from their very early stages, like the Inherited Real Risk [7].

Brain Sensor Bedside Evaluation: the method

To assess limbic region microcirculation, physicians must know necessarily the Auscultatory Percussion of ureter [8].

The ureteral Auscultatory Percussion, and the resulting investigation of micro-vascular fluctuations, allows to test if a micro-circulatory activation in a well defined biological system is locally taking place. In particular, vasomotility is observed by Auscultatory Percussion of upper ureter, and simultaneous “light” pressure of the trigger points, located in the skin projection of related biological system. A similar procedure is for assessing the vasomotion, hitting the lower ureter. As a matter of fact, the oscillations of the upper third (vasomotility) and the lower third of ureter (vasomotion) provide reliable information to doctors on microcirculatory dynamics, at rest and under stress tests, as one of us have described in a lot of former articles. [9, 10].

The trigger-points of limbic system neural centers [11], i.e., pre-frontal and limbic cerebral cortex, upon which physician applies “light” digital pressure, are located on the skin projection of the frontal-parietal and frontal- temporal synchondrosis.

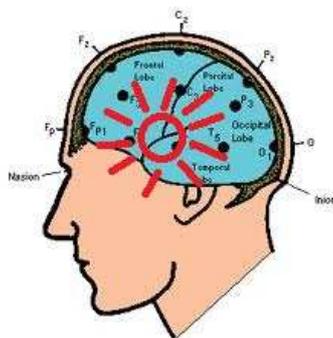


Figure 1. ‘Brain Sensor’ trigger-points

First of all, we have to assess the microcirculation at rest in the neural centers reported above. Micro-circulation, at rest, is characterized, from the geometric view-point, by a first phase (microcirculatory diastole) of the duration of 6 seconds (Figure 2), which is followed by a pause of 6 seconds, before the next reflex (microcirculatory systole). The period is thus of 12 seconds: 6 sec. + 6 sec.

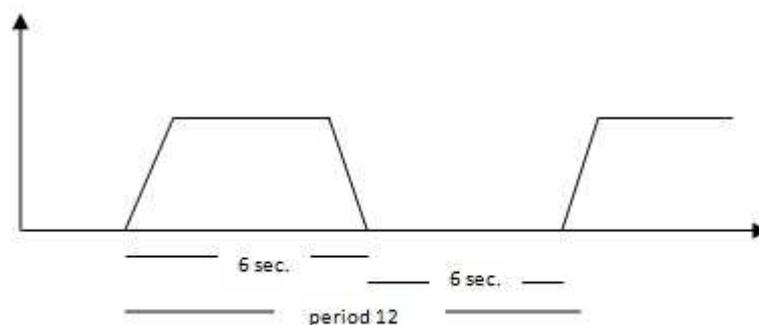


Figure 2. Microcirculation at rest

Then, continuing this assessment, when micro-vascular systole begins, we stimulate, with the thought, according to Psychokinetic Diagnostics [12], or with the help of the patient, the tissue to be examined.

In healthy subject, vasomotility and subsequent vasomotion continue unchanged in the same way, showing a physiological behavior.

In case of micro-circulatory activation, type I associated, the duration of the first reflex (first phase, i.e., diastole) increases to 6.5 seconds (Figure 3), followed by a pause (namely the systole) of 5.5 seconds, before the next fluctuation, confirming a sustained period of 12 seconds (6.5 sec. + 6.5 sec.).

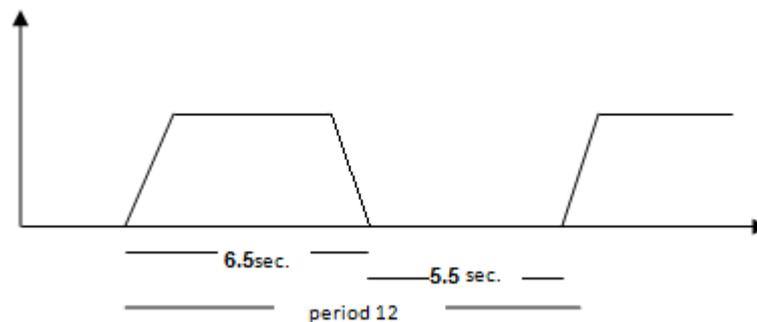


Figure 3. Microcirculatory Activation type I associated

The ureteral upper third Auscultatory Percussion (and similarly that of the lower one), with a “light” pressure on the trigger points of the PNEI system centers, allows to check at any time if the Brain Sensor is activated or not, assessing the degree of this activation.

We call this method ‘**Brain Sensor Bedside Evaluation**’ – **BSBE**.

BSBE significances are as follows:

- 1) In case of a-specific microcirculation at rest 6+6 (Figure 2) **the Brain Sensor is not activated**, the light is not on, indicating physiological health condition;
- 2) In case of a-specific micro-circulatory activation 6.5+5.5 (Figure 3) **the Brain Sensor is activated**, the "check" light is on, indicating that something is wrong in the body, a-specific in nature, but not oncological one: *we term it negative Gandolfo's Sign in case of Oncological Terrain [see last chapter];*
- 3) In case of a-specific micro-circulatory activation of at least 7 **the Brain Sensor is activated**, the "check" light is on: *positive Gandolfo's Sign in case of Oncological Terrain and Inherited Real Risk of cancer or very beginning clinical stage of cancer [see last chapter].*

In the case of activated Brain Sensor - cases 2) and 3) - one or more neural centers responsible for the PNEI and limbic¹ systems are at work, i.e., there is a suffering in some cells of one or more biological systems, a disease in progress or impending, which is addressed and opposed by the defense centers.

At this point, the physicians expert of the QBS, check the meaning of the ‘light on’ of the Brain Sensor; they will check exactly where the problem lies, i.e., the causes of initial and/or silent disorders.

¹ The underlying activation of the limbic system, absent any awareness revealed by simultaneous activation of the occipital cortex, is not always pathological. For example, it is naturally present in the pregnancy from the earliest days. Also, during maneuvers to search for signs SBQ when it reaches the critical acidosis, appears the underlying activation in the limbic system.

For example, the QBS diagnosis allows to ascertain easily and quickly in a quantitative way the SISRI, CRP increased production, Antibody Synthesis, and so on, and to evaluate the possible presence of viruses or bacteria [13].

Interestingly, beside flu diagnosis, even some days before symptoms occur, a large number of other early bedside diagnoses, such as appendicitis, Saint's syndrome, kidney lithyasis, are easy to make.

Further investigations allow to ascertain the presence, or not, of QBS Constitutions [14, 15], i.e., Oncological Terrain, diabetic constitution [16, 17], and their Inherited Real Risks, thus promoting a prompt and effective primary and pre-primary prevention.

The triple QBS

In general, the QBS diagnosis is made by connecting two parts of the body, utilizing both local and non-local realm. For example, by ureteral Auscultatory Percussion, the connection is between the ureter and the parenchyma we want to investigate, physician realizes by stimulating the related trigger points, i.e., the heart.

If we associate a third component, i.e., the neuronal centers of PNEI, and or those of the limbic system, if there was a Inherited Real Risk of CAD in evolution [18, 19, 20, 21, 22, 23], or an impending infarction, through BSBE we would observe a higher specific micro-circulatory activation (Figure 4), whose duration parallels the severity of underlying disease.

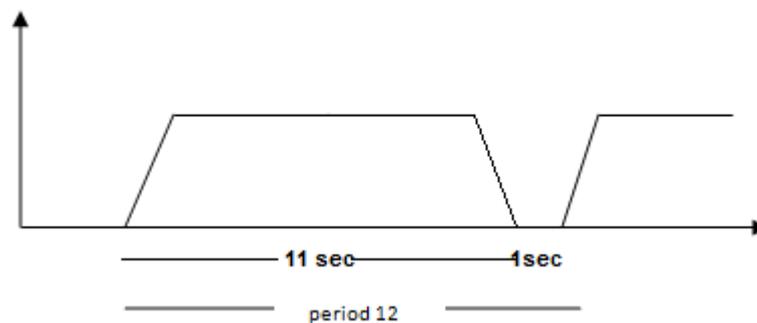


Figure 4. A higher specific Microcirculatory Activation

The QBS expert can note that the different intensity of stimulation of the Brain Sensor's trigger points does not change the intensity of micro-circulation (as in any other QBS diagnosis). This is due to the fact that the PNEI centers are activated before, during and after the diagnosis, so in this particular case, the maneuvers done by QBS method do not induce new dynamics, but simply allow to observe them.

In contrast, in the presence of a lesion in the biological system examined, even when the stimulation is not intense, "simultaneously" the oscillations of the upper third ureteral (vasomotility) and third lower (vasomotion) are increased with increased duration. Both the intensity and duration of the fluctuations are directly related to the severity of the underlying disease, thus allowing the precious therapeutic monitoring.

Obviously, performing a "targeted" stimulation, through Psychokinetic Diagnostic, the doctor is able to localize and quantify the disease, a part from the kilometers which divide him and the diseased subject.

Depending on the severity of the disease or the Inherited Real Risk of pathology, through a proper therapy, the values of the microcirculatory diastole gradually and progressively slow down to lower values, i.e., 6.3 seconds or 6 seconds (microcirculation at rest, in case all pathologies, QBS constitutions and Inherited Real Risks disappear).

Gandolfo's Sign in recognizing Cancer since very initial Stage of Di Bella's Oncological Terrain.

We have above referred that in case of a-specific micro-circulatory activation 6.5+5.5 (Figure 3) **the Brain Sensor is activated**, the "check" light is on, but **Gandolfo's Sign is negative**, while in case of a higher a-specific micro-circulatory activation with a microcirculatory diastole of 7 seconds or more **the Brain Sensor is activated**, the "check" light is still on, but **Gandolfo's Sign is positive**. This means that a microcirculatory diastole of 7 seconds or more is an a-specific sign revealing a specific pathology or impending disease: an Inherited Real Risk of cancer in evolution or the very beginning clinical stage or a cancer itself.

In case of positive Gandolfo's Sign the physicians must investigate in deep where exactly is the Oncological Terrain and Inherited Real Risk of cancer in evolution, i.e., pre-metabolic syndrome [24], or already in the very initial stage of clinical Oncogenesis, through the triple QBS and QBS Oncological investigation.

Through a proper green² therapy [25,26,27,28] the Inherited Real Risk of cancer even in evolution become residual, so that Gandolfo's Sign from positive turns negative, i.e., lasting just the Oncological Terrain, as in case 2), with a microcirculatory diastole of 6.5 seconds. During the therapy in progress we can therefore observe microcirculatory diastole values between 6.5 and 7 seconds.

By means of the blue therapy is possible to reverse the genetic alteration of mit-DNA, CAEMH and Oncological Terrain [29, 30, 31, 32], so that to turn off the Brain Sensor, as in case 1), turning to a microcirculatory diastole at rest.

Due to its central role, played fortunately in cancer primary prevention, we shall dedicate a further article to Gandolfo' Sign.

Conclusions

The BSBE method is based on the sensor function of the PNEI and limbic system as responsible for the defense of the organism. In healthy subject, the degeneration of a single cell, the entry of a pathogenic virus or bacteria, the functional alteration of internal secretion gland cells, the QBS Constitutions and related Inherited Real Risks, are necessarily perceived by the PNEI system and limbic one with the aim to take appropriate defenses and remedial measures.

In practice, the physician can assess the microcirculation of the subject at rest, i.e., the vasomotion in the limbic region, due to practical reasons, which is related to that of the various neuronal centers of PNEI system. Persisting the observation of these microvessel oscillations, the doctor causes a "light" stimulation on single biological systems to evaluate.

If they are healthy, the limbic microcirculation, "simultaneously", continues unchanged. On the contrary, in case of disease, even if well-circumscribed, initial and / or asymptomatic, there is "simultaneously" a limbic microcirculation activation, type I, associated. The intensity of this activation is directly correlated with the severity of underlying disease, that the doctor can then precisely localize by specific QBS signs.

² The green therapy is the primary prevention suggested to make residual the Inherited Real Risk of pathologies depending on Quantum Biophysical Semeiotics Constitutions, while the blue therapy refers to the primary and pre-primary prevention able to reverse the genetic alteration of mit-DNA and CAEMH healing QBS constitutions

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