

# Valutazione semeiotico-biofisico-quantistica dello scompenso cardiaco, ancorché iniziale, mediante il Segno di Caotino.

di Sergio Stagnaro

Diagnosticare l'efficacia della funzione dei ventricoli cardiaci al letto del malato è estremamente difficile con la semeiotica fisica tradizionale, che non permette di riconoscere l'iniziale sofferenza coronarica base del Reale Rischio Congenito con e senza predisposizione all'Infarto Miocardico (1-36)

Al contrario, la Semeiotica Biofisica Quantistica permette al Medico di riconoscere, in modo rapido ed affidabile, il Reale Rischio Congenito di CAD e l'iniziale insufficienza cardiaca prevenendo l'insorgenza dell'Infarto Miocardico (1-36).

A questo proposito affermo che nessun strumento del dipartimento delle Immagini è in grado di riconoscere il Reale Rischio Congenito di CAD (1-36) e molti casi di impending Infarto Miocardico e Infarto Miocardico in atto.

Di seguito descrivo per la prima volta la Valutazione Semeiotico-Biofisico-Quantistica della funzione di pompa dei ventricoli cardiaci, e quindi dello scompenso cardiaco ancorché iniziale, mediante il Segno di Caotino (37).

Nel sano, la pressione intensa (1.000 dyne /cm.2), applicata sopra un punto del precordio, stimola la funzione di pompa dei ventricoli cardiaci raddoppiandola, come dimostra la Microangiologia Clinica (38).

Ne consegue che il valore parametrico del Tempo di Latenza del Riflesso Muscolo Bicipite-Gastrico Aspecifico, valutato di base, raddoppia nella seconda valutazione, eseguita dopo 5 minuti da quella basale per evitare il preconditionamento cardiaco (39-41).

Al contrario, nel soggetto con insufficienza cardiaca ancorché iniziale il secondo valore del Tempo di Latenza Riflesso Muscolo Bicipite-Gastrico Aspecifico risulta tanto più inferiore al doppio quanto più grave è lo scompenso cardiaco.

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