



## Multiple Sclerosis. Why Did The “Progressive Theory” of Paulo Zamboni Not Find Support? But Then a New one Was Born!

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### Introduction

The new theory of the emergence of multiple sclerosis, proposed in 2009 by the Italian scientist Paolo Zamboni, literally exploded the scientific world

The hypothesis of Paolo Zamboni suggests that the manifestations of multiple sclerosis are closely related to the structural changes in the vessels through which the outflow of venous blood from the brain and spinal cord occurs [1]. Professor Zamboni believes that in cases of blood flow disorders in the jugular and unpaired veins, caused by their stenosis (constriction), there is an increased pressure in the venous system of the brain and spinal cord, hypoxia (oxygen starvation) and metabolic disturbance. One of the main metabolic abnormalities in the brain tissues is the deposition of iron in them, which, according to Paolo Zamboni, starts an autoimmune process that leads to the defeat of the myelin sheaths of the nerves.

At present, chronic cerebro-spinal venous insufficiency (CCSVI) is considered to be a syndrome when venous outflow from the central nervous system is impaired due to a narrowing of the veins. As before, the hypothesis that this syndrome plays a significant role in the pathogenesis of multiple sclerosis dominates. The popular treatment: the expansion of the neck veins, balloon angioplasty, the installation of stents. Unfortunately, for the Zamboni team and for patients, the

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effectiveness of the technique, namely, some improvement in the condition, was not more than 50%, repeated stenosis was possible after a few months. There were no cardinal cures. In some countries Zamboni's hypothesis was not recognized from the very beginning and such experimental treatment was not allowed. But Dr. Zamboni continued all these years research and operations to expand the cervical veins, at least until the end of 2017.

Meanwhile, in 2011, regardless of Paolo Zamboni, there appeared a new Theory of Arrhythmia. Then, as it was developing, it began to substantiate the causes of many other CVDs. The New Theory justifies the etiology of the following diseases: atrial and ventricular tachycardia, heart failure, pelvic disease, endometriosis, hemorrhoids, prostatitis, obesity, systemic inflammation, etc. More details about the theory can be found on the links [2-18]. In this theory, it is argued that the mechanism of most CVD is an increase in venous pressure in the hollow veins, and this is due to improperly functioning arteriovenous anastomoses (AVA), apparently located not in the neck and head, but in a completely different place, near the liver and intestine.

Arterial blood flowing through the AVA directly into the veins, spreads through the veins in all directions in accordance with the difference in pressure between the arteries and veins. As a result, mixed blood

can rise from a specific anastomosis - AVA - 50-80 cm up the veins (by the difference in the mean pressure in the arteries and veins). This distance is approximately equal to the column of fluid (blood) from the liver to the neck or even to the brain! Protective venous valves, where they are can be damaged, though not immediately, due to extremely high pressure. In addition, the heart valves, too, under certain conditions, can be damaged. Especially large loads fall on the venous valves of the legs and organs of the small pelvis, as they are located below the liver. And it is not by chance that blood stasis, varicosity, thrombosis, and dangerous diseases occur primarily there.

Open AVA overflow the hollow veins, after which attacks of machine-induced cardiac arrhythmia may begin, in parallel there is a blockage of capillary blood circulation in some organs precisely because of the rise in pressure in the veins. But according to the erroneous point of view of official medicine, the mechanism of blocking is attributed to "heart failure". The true reason for this phenomenon is the decrease in the pressure gradient between arterioles and venules. At the same time, because of the fundamentally different topography of small arteries and veins, because of the significantly different collaterals in any organs of any person, the ischemia of cell groups and their necrosis can be either global in the worst case, or small, fragmented, scattered in different parts of any organs, including sometimes also in the systems of the head and the spinal cord. The process basically depends, apparently, on the person's way of life and little on genetics.

In each person, the distribution in a certain range of pressures in venules and arterioles is realized by a random law inside all organs, because length, width of the vessels and their "tortuosity" to each specific cell are different. There are no identical structures of people, if we consider the differences at the capillary and cellular level. Even twins will have big differences at the distribution level of these "placers", i.e. cells and vessels. Thus, if the ischemia touches the brain, the "placers" will also not be the same. Hence the development of symptoms of multiple sclerosis, in accordance with the distribution of capillary pressures, will also not be the same. For example, the affected cells in the leg muscles will not be probably noticed by the person and doctors, but the affected cells of the brain will immediately know about themselves. The functional importance of cells is significantly different. This is confirmed in practice: each person has his own destiny and his etiology and pathogenesis of gradual or rapid development of diseases, and this concerns not only multiple sclerosis.

#### **The main unresolved issues facing medicine in the treatment of MS, which Paolo Zamboni and Co tried, but could not answer.**

1. Why do some people have stenosis of large cervical veins?
2. Why is the outflow of venous blood from the brain disturbed?
3. Why after the first operation on the expansion of veins almost always there is a repeated stenosis next to the installed balloon?
4. Why, after the expansion of the veins, the effect is mostly insignificant, or there is no effect at all?

#### **From the point of view of the New Theory, the answers to these questions are as follows.**

1. Stenosis of large cervical veins is a defensive reaction of the body to pressure waves going from below upwards, starting from the hollow veins, and not from the top to the bottom, as all researchers of the phenomenon of disturbed outflow of venous blood assumed. The need for such protection is due to two reasons: on the one hand protection against high venules and brain cells and, on the other hand, the required venous pressure at the entrance of the right atrium - after all, not just one flow but two flows go to the right atrium! Therefore,

adjustment of the cross sections of the veins is required. Especially this protection is important when the person is lying down. The more frequent the overflow of hollow veins due to open AVA and the increase in pressure in the right atrium, the more important stenosis is, the thicker the veins wall in the stenosis area is in the region of the chin and neck. (In a small percentage of cases in infants, it seems that the stenosis of the veins can occur due to an increase in the venous pressure of the mother during pregnancy.)

2. Violation of the outflow of venous blood from the brain occurs precisely because of stenosis of the cervical veins, and stenosis, probably due to an increase in venous pressure in the hollow veins, i.e. outside the head and neck.

3. Repeated stenosis of the cervical veins arises because after the venous stents are installed, the abnormal work of the AVA in the region of the liver or intestine continues, as before the body protects itself by all forces from pressure waves propagating from the bottom up the hollow veins towards the cervical veins. That is why there is a repeated stenosis.

The small effect of the operation using the Zamboni method is realized because, by expanding the cervical veins, for some time, there is really some improvement in the outflow of venous blood from the brain. In addition, the volume of the venous channel is expanding. But on the other hand, the main cause and mechanism of violation remains in force: open AVA in the lower half of the body still creates the danger of blocking cerebral circulation. The body resumes protection in a similar way: repeated stenosis. Symptoms of multiple sclerosis, as before, remain, or change. You can only hope on positive changes. After all, nothing over the years did not prevent the progression of MS.

#### **Results and conclusions**

In the development of multiple sclerosis, "large" anastomoses of AVA, located near the liver or in the intestines, are "to blame". "We must treat" AVA. Strictly speaking, the hypothesis and treatment of Paolo Zamboni were erroneous. In one, Paolo Zamboni is right, indeed the manifestations of multiple sclerosis (and not only it) are closely related to the structural changes in the vessels through which the venous blood flows from the brain and spinal cord. But that's not all. Stenosis of the cervical veins does not appear in itself, making it difficult to drain the venous blood from the brain, but because of malfunctioning large anastomosis AVA, due to overflow of the hollow veins, due to pathological pressure waves propagating from the bottom up to the brain. All this can not but cause primary stenosis of the cervical veins and impaired cerebral capillary circulation.

Quite recently, namely at the end of November 2017, a long-awaited message arrived. <https://www.medikforum.ru/news/health/treatment/65175-obyavivshiy-pobedu-nad-rasseyannym-sklerozom-uchenyy-priznalsya-v-porazhenii.html> <http://www.dailymail.co.uk/health/article-5133795/Scientist-admits-revolutionary-MS-treatment-sham.html>

Dr. Paolo Zamboni in November 2017 recognized that his method of treating MS after the tests was found to be ineffective! This only confirms that the cause of the violation of the outflow of venous blood is not where we were looking, but, most likely, in the vessels outside the head and neck. Where exactly and how does the violation occur? If one of the two options is excluded as incorrect, then the second one will be 100% correct. The third option simply does not exist, because cervical venous vessels have only two "ends": one at the top in the venules of the brain, the second - in the vena cava and in the right atrium. Therefore, the proposed New Theory is actually the most prob-

able and is subject to careful study and dissemination!

At least to test the New Theory in the future, in 2018, there are more weighty reasons for starting a cycle of practical tests than for the Paolo Zamboni hypothesis in 2009. Here I address directly to WHO and other authorities: let's hold discussions on this topic and begin experiments and treatment of CVD and PC including! I believe that a mechanism has been found in the cardiovascular system of a person who is responsible for the majority of CVD, and this mechanism is radically different from that adopted in official medicine.

So, the venous outflow of blood from the brain in patients with MS is not enough because from below-up (and not vice versa!) A counter pressure wave is periodically distributed due to open large AVA in the lower half of the body. In fact, according to the results of numerous studies by Paolo Zamboni, the proposed New Theory of CVD and, in particular, the theory of the emergence of MS, must be considered proven. All this, thanks to a significant amount of experiments in the form of observations and operations in several medical centers, and most importantly, thanks to the NEGATIVE CONCLUSIONS of LARGE SCIENTISTS in relation to the theory of Paolo Zamboni. In mathematics, this proof is considered to be "by contradiction"! At the same time, the array of experimental data is very large, it can be rechecked anew! Thank you, Dr. Paolo Zamboni! Thank you to the patients who agreed to the operation to expand the cervical veins.

Doctors-researchers and their leaders! What else is required to adopt the New Theory? Please advise. I have been waiting for six years. Do not be biased towards my work. Perhaps there are minor mistakes in them, but it is already impossible not to notice or even to hide the main idea about the pathological effect of large open arteriovenous anastomoses on the entire cardiovascular system.

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