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The Functionally Divided Brain: Stroke and Di-Encephalon in the Humano-Murian

Sérend Hipe

Professor, U-48 / Laboratoire de l'IFPEA IFPEA, Rue des Saint-Pères, 75 006 Paris, France

ABSTRACT

We present the case of a humano-murian victim of a left stroke who presented with impaired motor skills on the left side of his body. Brain imaging studies (Scan, Pet Scan) have shown that the brain is functionally separated into two parts. The white corners and the corpus callosum are calcified and leave almost no possibility for inter-hemispheric communication as is the case for us. Basically, the entire anatomical substrate that allows our human brain to communicate between the two hemispheres is completely inactivated in humano-murians. It is among the latter that the term di-encephalon takes on its full meaning.

***Corresponding author**

Sérend Hipe, Professor, U-48 / Laboratoire de l'IFPEA IFPEA, Rue des Saint-Pères, 75 006 Paris, France.

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Introduction

We present a case study of anatomical pathology by medical imaging after having been able to study a case of humano-murian hospitalized after a stroke with loss of sensitization of the right hemi-body, associated motor disorders (hemiplegia) and anosognosia that will give way after a few days. The patient was 78 years old, male and in possession of all means prior to the stroke [1].

Methodology

The Single Case Method

Our recent research has shown that humano-murians have two brains. Understand that they do not have two brains in the skull, but that their brains are functionally separated into two parts. The white corners and the corpus callosum are calcified (Figure 1 and 2) and leave almost no possibility for interhemispheric communication as is the case for us. Basically, the entire anatomical substrate that allows our human brain to communicate between the two hemispheres is totally inactivated in humano-murians. It is in the latter that the term diencephalon takes on its full meaning

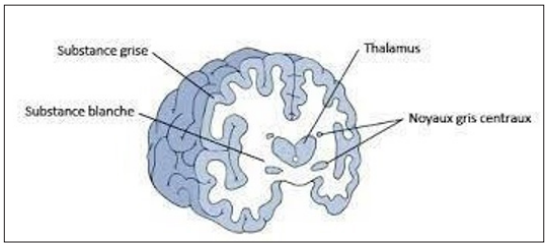


Figure 1: The White Matter Allows the Communication of the Two Cerebral Hemispheres. It is Totally Calcified in Humano-Murians

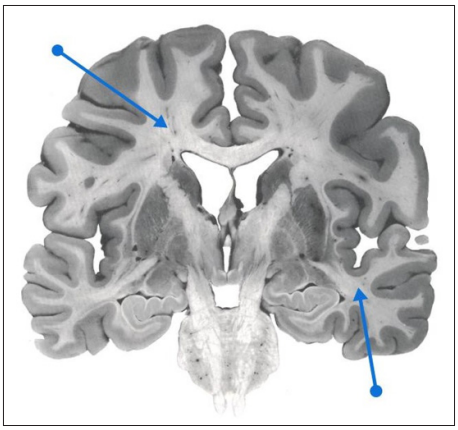


Figure 2: White Matter Makes up a Large Proportion of the Brain. Its difference in Mineral Composition between that of Humans and Human-Murians makes it a Unique Cerebral Constitution [2].

This has considerable consequences on their brain and sensory capacities [3]. Indeed, on the motor level, there is no longer any lateral predominance, so all humano-murians are completely ambidextrous. Their movements sometimes seem wider to us while, paradoxically, they are permanently parasitized by a slight tremor that we had mistakenly taken for one of the effects of the polar cold that reigns on the Wall. These tremors are similar to Parkinson's movements. As a result, there is no pyramidal decussation (Figure 3 and 4), so motor skills are controlled by the homolateral cerebral hemisphere, which is not the case in humans (in whom the right hemibody is controlled by the motor cortex of the left cerebral hemisphere). The human-murian has developed frightening motor qualities by being able to dissociate the left hemibody and the right hemibody, which can carry out two different motor activities.

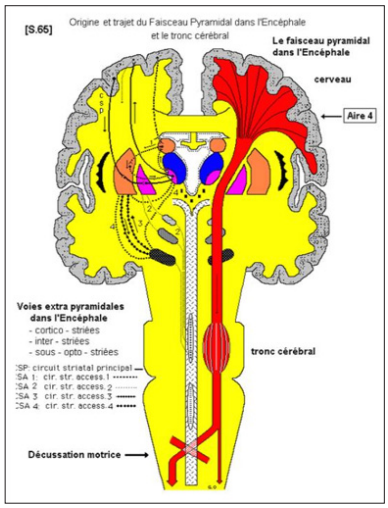
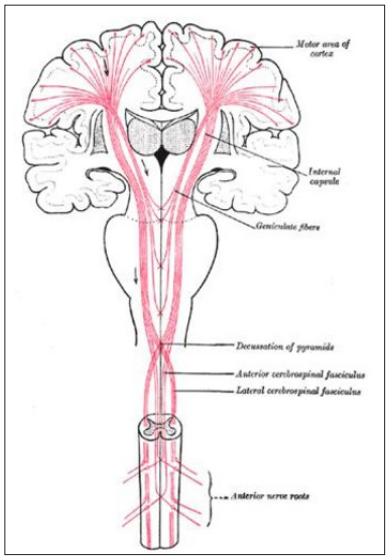


Figure 3 and 4: Pyramidal decussation [4].



The pyramidal decussation is important because it explains why each side of the brain controls the opposite side of the body. For example, the left side of the brain controls the right side of the body, and the right side of the brain controls the left side of the body [5]. The nerve fibers that cross over at the pyramidal decussation are called corticospinal fibers. These fibers originate in the cerebral cortex, which is the outermost layer of the brain. The corticospinal fibers travel down the brainstem and into the spinal cord. At the pyramidal decussation, the fibers cross over to the opposite side of the spinal cord. Once they have crossed over, the fibers continue down the spinal cord and eventually connect with the muscles that they control. The pyramidal decussation is clinically significant because it can be affected by a stroke. A stroke occurs when the blood supply to the brain is interrupted. This can cause damage to the brain cells, which can lead to a variety of neurological problems, including weakness or paralysis on one side of the body.

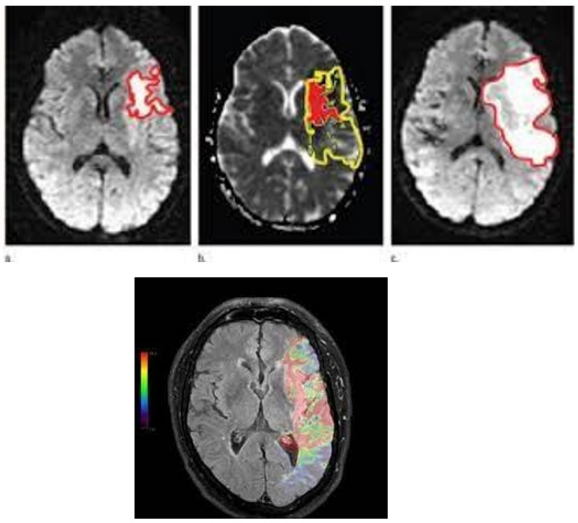
- The pyramidal decussation is located in the medulla oblongata, which is the lowest part of the brainstem.
- The corticospinal fibers are the nerve fibers that cross over at the pyramidal decussation.
- The pyramidal decussation is responsible for the contralateral control of movement.
- The pyramidal decussation can be affected by a stroke.

According to Ramón y Cajal, pyramidal decussation was related to that of sensory pathways: in the optic chiasma we also observe the decussation of a large part of the optic nerve fibers, which adapts to perception by allowing both hemispheres to have complete information about what both eyes perceive and can generate complete images that can be located in space. In this sense, the displacement necessary to react to a possible threat would be that of muscle groups, unlike the part of the brain that perceives them [6]. If there is no pyramid discussion, the information would first go to the other hemisphere, then process and react, which would be slower. This explains the particularity of the motor reactions of humano- murians, which we had initially taken as an almost constitutional nonchalance.

Results

Each left and right "brain" has thus developed its own potential independently. If humano- murians use a very particular type of communication that we have described previously (message 15), it is now certain that it stems from this anatomophysiological difference. Human- Murian communication is a mixture of a powerful process of empathy that transmits intentions, images, and emotions to the interlocutor, before verbal language expresses the thought formulated in words. A communication by double channel, a verbal channel coupled with a cognitive channel, knowing that on the latter we humans are very good receivers to our Murian friends but are unable to activate it ourselves. The impression we have is to hear in a way within ourselves what the lips of humano-murians will pronounce with a slight delay. This seems to us to function as a preform of telepathy and allows almost any human to understand very quickly the humano-murian language and its multiple dialects all around the Wall. This mode of communication uses both a very organic substrate and follows primitive phylogenetic pathways (use of pheromone cloud as we have previously demonstrated) and very elaborate thought processes, similar to the secondarized psychic processes of the human psyche.

The patient who allowed us to discover these anatomical and physiological elements is in a way our "patient 1" [7]. This humano-murian had indeed been the victim of a left stroke and had a motor impairment on the left side of his body (left hemiplegia, facial paralysis and oculomotor muscles of the left orbit) which seemed impossible to us. His name, Solpinan, will forever be associated with this discovery.



Photos 5 and 6: MRI Images after Stroke: Significant Initial Temporo-Parieto-Occipital Involvement, the Last Images (Top) Show a Very Rapid Resorption.

Discussion

The reality of the two cerebral hemispheres has been known for a long time, on the other hand our explorations in imaging have made it possible to introduce a discussion around the notion of presence or absence of interhemispheric white substance [8-10]. The proposed clinical case made it possible to highlight such a neuro-anatomical reality with unsuspected neurophysiological consequences. until then, the absence of white substance was perceived as a deficit. Our study seems to have demonstrated that this is, in our patients, a developmental and innate functioning of a cerebral organization typical of this type of population.

In medicine, a single case can be very important [11]. It can help us learn about new diseases, understand rare conditions, and develop new treatments. For the new diseases, sometimes, a we can examine a patient with a set of symptoms that they have never seen before. This could be a sign of a new disease. By studying the patient's case, we can learn more about the disease and how to treat it. In rare conditions, some diseases are very rare. This means that we may not have a lot of experience treating them. By studying a single case of a rare disease, scientifics can learn more about the condition and how to best help the patient [12]. In some cases, a single patient may respond unexpectedly to a treatment.

This could lead scintifics to develop new treatments that could help other patients with the same condition. It is important for doctors to share information about the cases that they see. This can help scientific community learn about new diseases and develop new treatments [13].

Conclusion

This is a complex case involving a patient born without white substance in the brain. Normally, the absence of white matter and corpus callosum has resulted in significant developmental delays and neurological impairments. Despite these facts, after his stroke the patient has shown very strong and quick progress with intensive rehabilitation and supportive care. Our research about is this case study of a human-murian who suffered a left stroke and had a motor impairment on the left side of his body. This research has shown us very promising results. Brain imaging examinations (Scan, Pet Scan) have shown that the brain is functionally separated into two parts. The white matter and corpus callosum are calcified and leave almost no possibility of inter-hemispheric communication as is the case in the human brain. Basically, the entire anatomical substrate that allows our human brain to communicate between the two hemispheres is totally inactivated in humano-murians. It is among the latter that the term diencephalon takes on its full meaning [14,15].

The author declares absence of conflict of interest.

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