Rossana's Sign and Manoeuvre play a central Role in bedside Diagnosing lesions, oncological in nature, starting from birth.

By Sergio Stagnaro

Rossana's Sign and Manoeuvre* are really interesting especially for the general practitioners, who at the bedside can use the stethoscope only. In reality, no Laboratory and no Image Department are now able to make a diagnosis of Oncological Terrain-Dependent, Inherited Real Risk, starting from the birth of the subject (1).

I have some years ago discovered and described in previous papers how our brain sensor, i.e. PNEI system and Limbic area, including Hippocampus, react to every, even minimal, insult, aiming to damage or to destroy body health, independent of its nature.

In a few words, at Christmas 2011, from womb of Quantum Biophysical Semeiotics (http://www.sisbq.org) has born a new clinical diagnostic method, I have termed **Brain Sensor Bedside Evaluation** (BSBE), which has opened a new road in the field of physical Semeiotics (2). Physicians have to utilize in daily practice the present knowledge on cerebral cortex functions, as it has recently happened, regarding PNEI system and Limbic region, i.e. Brain Sensor Bedside Evaluation.

In following, I briefly illustrate the Rossana's Sign and Manoeuvre, reliable in bedside recognizing from the birth, i.e., from Oncological Terrain-Dependent, Inherited Real Risk, lesions oncological in nature. Interestingly, such a clinical method allows physicians to recognize with a stethoscope, easily and quickly, the presence of the heritable, through maternal mitochondria, predisposition to cancer, localize it precisely, staging it and removing it by inexpensive Reconstructing Mitochondrial Quantum Therapy (3-5).

In health, at rest, Hippocampus microcirculatory flow-motion shows physiological wall movements: the diastole of Peripheral Heart, according to Allegra (6, 7), namely, small arteries and arterioles, according to Hammersen, lasts 6 sec. (= vasomotility), paralleling the duration of vasomotion of the local nutritional capillaries: type I, physiological, associated Microcirculation.

On the contrary, in individual involved by any oncological disorder, starting from birth, i.e., from the Oncological Terrain-Dependent, Inherited Real Risk, Hippocampus microcirculation appears activated, of Type 2, dissociated, characterized by prolonged Duration of the only vasomotility, aimed at maintaining the normal value of vasomotion (= 6 sec.): **Rossana's Sign positive.**

The intensity of these parameter values parallels the seriousness of underlying disorder, proving to be a useful tool for therapeutic monitoring.

Interestingly, in the overt tumour, intense digital pressure (1,000 dyne/cm2), applied directly either on the lesion, even by means of Psychokinetic Diagnostic (8, 9), or on its trigger-point, brings about simultaneously further Microcirculatory Activation in the Hippocampus, doubling the basal duration of the Latency Time of Hippocampus-Gastric Aspecific Reflex, a value more easy to be evaluated by physicians: **Rossana's Manoeuvre positive**.

Interesting from the view-point of lesion staging, in the first stages of cancer, the above reflex pathological events show a less intensity and a delay in the onset during the stimulation, above referred. Latency Time ranging from 2 to 10 sec., in inverse relation to the stage of the disease.

The so-called liquid biopsy is an expression of the onset of a cancer, even silent, highlighting the diagnostic importance of Rossana's Sign and Manoeuvre.

Before concluding, I would like to mention that the multiple functions of the cerebellum, can now be carefully evaluated at the bedside with a common stethoscope, according to Clinical Microangiology (6, 7). Some years ago, I have suggested the possible existence of a close relationship between the cerebellum and future cerebral atherosclerosis, demonstrating it in clinical research, conducted with the essential psychokinetic diagnostics (8-9).

Such a intuition proved to be correct, since the cerebellum is a sensor of future cerebral degenerative vascular disease, as Senile Dementia, Parkinson Disease, Alzheimer Disease, a.s.o.. Briefly said, I started a clinical research aimed to recognize the possible Inherited Real Risk of all Brain Degenerative Diseases. It is impossible to summarize this complex method. However, the following experimental evidences highlight what I mean.

In health, the mere thought of rotating the head is accompanied by microcirculatory activation type I, associated, physiological, in the cerebellum middle anterior area.

In contrast, in patients involved by overt brain atherosclerosis, between the "thinking" of rotate the head and the cerebellar microcirculatory activation, type II, dissociated, there is a latency time of 3 - 4 seconds, because of the local microcirculatory remodeling, typical of the Inherited Real Risk, removed by inexpensive therapy (4).

In health, the cerebellum microcirculation is normal also in the above mentioned middle anterior area.

However, the very intense pressure (about 1,500 dyne/cm. ^{2}) above any cutaneous projection area of the brain, brings about microcirculatory activation type I, associated, physiological, in the cerebellum middle anterior area.

*** Dedicati a mia nipote Rossana.**

References

1) Stagnaro Sergio. Reale Rischio Semeiotico Biofisico. I Dispositivi Endoarteriolari di Blocco neoformati, patologici, tipo I, sottotipo a) oncologico, e b) aspecifico. Ediz. Travel Factory, www.travelfactory.it, Roma, 2009.

2)Sergio Stagnaro and Simone Caramel (2012) New ways in physical Diagnostics: Brain Sensor Bedside Evaluation. The Gandolfo's Sign. January, 2012. Journal of Quantum Biophysical Semeiotics. http://www.sisbq.org/uploads/5/6/8/7/5687930/bsbe.pdf

3) Sergio Stagnaro. Il Cervelletto è un Sensore della Predisposizione all'Aterosclerosi Cerebrale. La Manovra di De Lisi. www.sisbq.org, http://www.sisbq.org/uploads/5/6/8/7/5687930/lisi_cervelletto_atscerebrale.pdf

4) Sergio Stagnaro and Simone Caramel. BRCA-1 and BRCA-2 mutation bedside detection and breast cancer clinical primary prevention. Front. Genet. | doi: 10.3389/fgene.2013.00039. http://www.frontiersin.org/Cancer_Genetics/10.3389/fgene.2013.00039/full [MEDLINE]

5) Caramel S., Marchionni M., Stagnaro S. Morinda citrifolia Plays a Central Role in the Primary Prevention of Mitochondrial-dependent Degenerative Disorders. Asian Pac J Cancer Prev. 2015; 16(4):1675. http://www.ncbi.nlm.nih.gov/pubmed/25743850[MEDLINE]

6) Sergio Stagnaro - Marina Neri Stagnaro. Microangiologia Clinica. A cura di Simone Caramel. e-book, www.sisbq.org, 1) http://www.sisbq.org/uploads/5/6/8/7/5687930/microangiologiaclinicasbq2016.pdf

7) Sergio Stagnaro. Introduzione alla Microangiologia Clinica 10 dicembre 2011. www.sisbq.org, http://www.sisbq.org/uploads/5/6/8/7/5687930/mc_intro.pdf

8) Sergio Stagnaro (2O16). PSYCHOKINETIC DIAGNOSTICS, QUANTUM-BIOPHYSICAL-SEMEIOTICS EVOLUTION. *Journal of Quantum Biophysical Semeiotic Society*. http://www.sisbq.org/uploads/5/6/8/7/5687930/psychokineticdiagnostics_qbsevolution.pdf

9) Sergio Stagnaro (2012). Semeiotica Biofisica Quantistica. Diagnostica Psicocinetica. E-book in rete nel sito www.sisbq.org; http://www.sisbq.org/uploads/5/6/8/7/5687930/dp_libro.pdf