

Moscatelli's Sign: bed-side recognizing in one second genital tract disorders with a stethoscope.

By Sergio Stagnaro

Notoriously ovary cancer diagnosis is mainly late, so that its prognosis is really severe (1-5). In addition, it's difficult bedside diagnosing an ovary cyst showing a diameter less than 3 cm. Interestingly, neither Laboratory nor Image Department can allow physician to diagnose ovary-, uterus- and cervical- cancer Inherited Real Risk (4). From the clinical view-point, by means of Quantum Biophysical Semeiotics I observed well-defined microvascular modification of the local microcirculatory bed, both structural and functional in nature, in subjects involved by abnormalities of pschyco-neuro-endocrinological-immune system, i.e., in malignancy biological control system, I have termed Oncological Terrain (1-5).

Really, both genetically heritable and environmental risk factors induce contemporaneously parenchymal and microvascular cells alterations, according to Tiscendorf's Angiobiotope, I have completed with the Angiobiopathy Theory (1, 5). In a few words, all oncological cell-dependent events (control, regulation, duplication, a.s.o.), may happen only by means of singular changes in local structural and functional microcirculation, which notoriously supplies information-material-energy to related parenchymal cells(1-6). Now-a-days, thanks to Quantum Biophysical Semeiotics, physicians can evaluate clinically microcirculatory bed structure and function in a precise manner, e.g., of cervical cancer inherited real risk, and overt cancer, of course, as well as of any biological systems, including lymphnodes and bone-marrow, assessing clinically local vasomotility and vasomotion (1, 5). Evaluating properly the type of microcirculatory activation of cancer as well as of local lymphnodes and bone-marrow (type I, associated, physiological; type II, intermediate, partially dissociated, characteristic of real oncological risk, and finally type III, dissociated, indicating cancer onset) (1) we can assess in a quantitative way the alterations of physiological relation between vasomotility (= chaotic deterministic oscillations of small arterioles and arterioles, according to Hammersen, on the one hand, and vasomotion (= chaotic deterministic oscillations of related capillary and post-capillary primary venules), since the intensity of such as dissociation is correlated with the seriousness of underlying oncological disorders. As follows, a really easy way, to detect cervical cancer inherited real risk, and overt cancer is briefly described: in healthy woman, intense pinching XI dermatome (the skin at groin level) does simultaneously bring about aspecific gastric reflex, immediately followed by tonic Gastric Contraction, typical of malignancy, even initial, due to the no-local realm in biological system. On the contrary, under above-illustrated, in women involved by cervical Cancer inherited real risk or suffering from cervical cancer, starting from the initial stage simultaneously appear such a reflex, followed by tonic Gastric Contraction, whose parameter values parallel the seriousness of underlying disorder.

First of all, doctor has to apply Moscatelli's* Sign, that allows physician to bedside recognize in one second the presence of any genital tract disorder, both oncological and no oncological in nature.

In health, the intense compression between two digital pulps of the anterior-lower part of the helix does not simultaneously bring about gastric aspecific reflex: Moscatelli's Sign negative. On the contrary, in case of any disorder of genital tract, under above illustrated experimental condition, helix-gastric aspecific reflex appears simultaneously: Moscatelli's Sign positive. Typically in presence of a cancer, even in its initial stage of Inherited Real Risk, a characteristic intense Gastric Tonic Contraction follows the aspecific gastric reflex.

As in all other cases the intensity in cm. of the reflex parallels the seriousness of the underlying disorder. To recognize the False-Negative cases (10% about) very useful and reliable proved to be the numerous stress tests (7). Soon there after, if Moscatelli's Sign is positive, the physician performs the differential diagnosis with the aid of a flurry of Quantum Biophysical Semeiotic specific signs (1-7).

References.

- 1) Stagnaro Sergio, Stagnaro-Neri Marina. Introduzione alla Semeiotica Biofisica. Il Terreno oncologic. Travel Factory SRL., Roma, 2004. http://www.travelfactory.it/semeiotica_biofisica.htm
- 2) Stagnaro Sergio. Fundamental Bias About Relation HPV and Cervical Cancer. BMJ, J Epidemiol Community Health, (3 March 2009). <http://jech.bmj.com/cgi/eletters/62/7/570>
- 3) Stagnaro Sergio. On preventing cervical cancer in Africa. 30 March 2009, by BMJ Group. <http://blogs.bmj.com/bmj/2009/03/30/david-kerr-on-preventing-cervical-cancer-in-africa/>
- 4) Sergio Stagnaro and Simone Caramel. Oncological Terrain-Dependent, Inherited Real Risk of Cervical Cancer: patophysiology, diagnosis and primary prevention – 2013. http://www.sisbq.org/uploads/5/6/8/7/5687930/cervicalcancerirr_2013.pdf
- 5) Sergio Stagnaro and Simone Caramel (2013). The Role of Modified Mediterranean Diet and Quantum Therapy in Oncological Primary Prevention. Current Nutrition & Food Science, Bentham PG., February, 2013, Upcoming Articles <http://benthamscience.com/UpcomingArticles.php?JCode=CNF>
- 6) 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]
- 7) Sergio Stagnaro (2014). Ordine Implicato e Ordine Esplicato nel Segno di Rinaldi, simultaneo ed istantaneo: dal Terreno Oncologico all'Oncogenesi – <http://www.sisbq.org>, http://www.sisbq.org/uploads/5/6/8/7/5687930/rinaldi_simultaneo_2014.pdf

* Gilberto Moscatelly, my dearest Friend and beloved physician in Sestri Levante – Genoa – In Memoriam