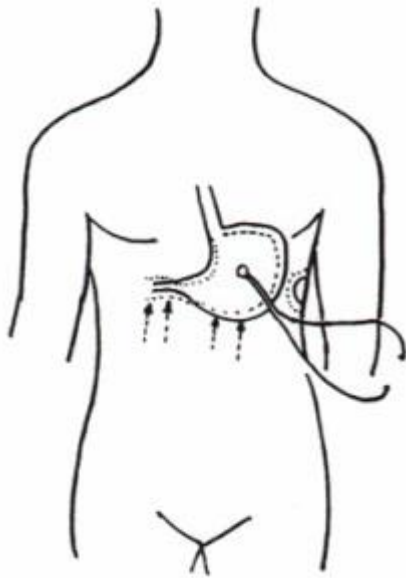


THE SIGN OF RAGGI* IN EARLY, AND RAPID BEDSIDE DIAGNOSING BONE LESION, INCLUDING THE MESTASTASIS

by Sergio Stagnaro



Introduction

The definition of Quantum Biophysical Semeiotics – QBS – was coined by my friend Paolo Manzelli (1) (See Bibliography in the site www.semeioticabiofisica.it).

The use of quantum mechanics evolution applied to biology, has finally illuminated the nature of complex pathogenic mechanisms underlying several QBS signs, after a long wait for a satisfactory explanation that the reductive deterministic mechanics has not been able to provide because of his limited world view, considered to be formed only by Matter and Vibratory Energy ignoring completely the Energy-Information (2-4).

In previous articles I have clinically shown that in biological systems it does exist the non local reality next to the local one, in which different is the nature of the transmission of Energy-Information, this transmission present in truth only in the second case where there is consumption

of energy and of time in information processing (1-4). In contrast, in the non-local reality, characterized by a matrix space / time, but with four-dimensional and 2DS 2DT, based on "Entanglement Theory", the information is simultaneous transmitted by resonance and is made without any transfer. "This is for example when two simultaneous actions occurring at the same time, as when a firecracker explodes at a distance while others shine resonance firecrackers quite distant, but it has been possible to transfer any of sparks" (Manzelli, personal communication).

The use of these new concepts of Quantum Biophysics in Medicine proved to be of essential importance in-depth understanding of many signs, syndromes and QBS tests, and especially in the diagnosis, in the therapeutic monitoring, in research, as evidenced now by a considerable literature (1-45).

This article describes the **Raggi's sign** that allows the doctor to rule out a bone lesion in a second, including the metastases, which are notoriously difficult to diagnose.

Quantum Biophysical Semiotics of bone lesions.

In health, the mean-intense digital pressure, applied directly on a biological system, or, far more frequently exercised indirectly through the stimulation of related trigger points, causes the middle ureteral reflex, typical of Endoarteriolar Blocking Devices, Type II, physiological and ubiquitous (5-14).

The "intense" compression in the lower third of the radius and of ulna, between the thumb and other fingers of the hand, activates the microcirculation simultaneously, depending on the type I, associated, both locally and throughout the remainder of the skeletal system, for example, in various bones of the skull and lumbar vertebrae, explained by quantum entanglement (1-4, 14, 29, 56).

In health, digital pressure of "light" intensity exerted on a bone, causes the oscillating upper and lower ureteral reflexes, i.e., vasomotion and vasomotion, which inform the way of being and functioning of local small arteries and arterioles, by Hammersen, or vasomotility, and respectively the nutritional capillaries, or vasomotion, allowing to observe the "simultaneous" intensification of the characteristics fluctuations of ureteral reflex in experimental conditions referred to above.

It follows that the medium-intensity stimulation of a small part of a bone simultaneously provides information on the whole biological system, as is the case for all other tissues (1-4, 14, 29, 56).

In fact, in health, if the bone stimulation is of medium intensity, after a latency time of exactly 8 seconds, appears the gastric aspecific reflex whose duration is less than 4 seconds, expression of the effectiveness of Microcirculatory Functional Reserve, a great diagnostic significance parametric

value, which disappears for the duration of > 3 sec. <4 sec., corresponding to the fractal dimension of the micro-vascular chaotic deterministic dynamics.

The triad of information has led Paolo Manzelli to a wider general reflection on the new "quantum-biophysics," based on the formation of entanglement between quantum particles, electrons and atoms in a "sharing" system of space-time, which produces simultaneous communication of pure information between systems. However, for this to happen in biological systems must have a sufficient energy level, unavoidable condition for the realization of non-local reality, which provides the normal mitochondrial respiratory activity.

In the presence of an mitochondrial alteration, even if functional one, as is the Congenital Acidotic Enzyme-Metabolic Histangiopathy (5-9, 44-46), out-of oxidative phosphorylation in these intracellular organelles, the non-local reality becomes just local reality with local increase in EM (pyruvic acid converted to lactic acid) and reduction of energy-information, represented by ATP.

Raggi's

Sign.

In health, "intense" stimulation of the bone – the pressure above the lower third of the radius and ulna has got a very practical use – shown above, is not accompanied "simultaneously" by the gastric aspecific reflex. (Fig. 1).

Figure 1

Gastric aspecific reflex

In contrast, in the presence of a bone lesion, whatever its nature, inflammation, fibrosis, rheumatic, vascular, neoplastic, etc.. "simultaneously" to the stimulation is observed the gastric aspecific reflex, whose intensity correlates with the severity of the underlying disorder: a positive **Raggi's**

Sign.

Interestingly, in the presence of bone cancer, primary or metastatic, the reflection is immediately followed by the typical tonic Gastric Contraction (5, 47 – 49). At this point, having established the bone pain, the physician should proceed with the investigation of the bone location, diagnosing the exact nature, based on awful number of signs, part of them specific, provided by the Quantum Biophysical Semiotics.

The following experimental evidence supports the above-referred statements.

In health, **Raggi's Sign** is negative.

However, if it exerts intense pressure on any point of the bone system – excluding the joint tissue, useful but for the provocation of rheumatic-gastric reflex (5, 47-49) – continued for at least thirty seconds, so as to induce pain in underlying tissue with release of cytokines and significant changes in the local micro-circulatory blood flow, the **Raggi's Sign** becomes transiently **positive**, without being followed by the Tonic Gastric Contraction of course, characteristic of cancers and rheumatic diseases, in case of involvement of sinovium.

Conclusions.

Since 2007, Quantum Biophysical Semeiotics was greatly enhanced and made more effective by the contribution afforded by quantum physics, both in terms of clinical research, and on that of the daily practical application, so that the boundaries of his domain had a great expansion. . It is well known, for example, that so far the clinical diagnosis of **bone metastases** or **perivascular epithelioid cell tumor**(PEComa) was impossible for anyone. In fact, it is very difficult clinical diagnosis, made out on the basis of reports of symptomatology for imaging, from laboratory and histology test. Notoriously, the traditional physical semeiotics and symptomatology does not allow the medical finding of bone injuries of any kind, such as bone cysts, and tumors, malignant or benign, out of the arteries not palpable, i.e., localization in internal tissues.

It has recently been reported in world literature that PEComa show an increasing incidence in a variety of anatomical locations. The locations of these lesions are often more widely the uterus and the retro-peritoneum. These tumors are part of a large family that includes, among others, angiomyolipomas, and the linfangiomiomatosi miomelanociti clear cell tumors of the falciform ligament, also known as PEComa-NOS. There are about fifty known cases of these cancers. However, based on personal experience with the Quantum Biophysical Semiotics, I am authorized to state that in the future can be detected for much more numerous cases on the condition that doctors around the world will be able to use the original semiotics, which allows faster the generic diagnosis of malignant vascular tumor, whose precise diagnosis will be made in a timely manner in subjects rationally selected on the basis of several clinical signs of malignancy.

As for the easiest method to use, just remember that “mean to moderate” digital pressure, applied directly over a bone, for example, the radio, allows to learn the way of being of the stimulated bone segment through the numerous signs and QBS maneuvers known to readers as: gastric specific reflex, followed by tonic Gastric Contraction, complete SIRSI, Domenichini Sign with duration of 4.5 sec. (Glossary), an increase of Acute Phase Proteins, Acute antibody synthesis, local microcirculatory activation type II, dissociated, etc.

On the contrary, if the stimulation exerted on any bone segment is "intense", it causes associated microcirculatory activation, type I, in bones, EV (ATP) increases and thus an higher EI, pure and catalytic energy: the reality in the biological system is both local and non-local one.

For the phenomenon of resonance, a possible bone lesion at a distance is "simultaneously" stimulated, producing a number of reflections (gastric aspecific reflex followed by tonic Gastric Contraction just in case there is cancer), depending on the nature of the disease itself. **Raggi's Sign** is based on this scientific knowledge, subject of this article, which allows to exclude just in one second the presence of metastases, as shown by the paradigmatic case I described above: a young Italian woman, but living in Hamburg, made in surgery two years before for a cancer of the rectum to nerve cells, which was diagnosed by CT scan to check bone "a suspected metastatic lesion of the sacrum".

She turned to me via the Internet, of course, understandable in the grip of anxiety and despair, cause the psychological jatrogenetic terrorism. The psychokinetic diagnosis made before August, 15th, 2010, was of probably benign lesion scar of post-traumatic nature, and it was correctly confirmed by a PET survey two months later PET! (50).

The psychokinetic diagnosis was able to recognize in just a second the presence of a bone lesion, indicating the nature of the tumor or nonspecific nature. Then the doctor will locate the alteration and accurately diagnose the cause based on the many signs provided by the Quantum Biophysical Semiotics.

* Dedicated to the friend Dr. Raggi Francesco, Specialist in Hygiene and Preventive Medicine in Terni – Italy, an expert in NIR-LED Treatment.

**Dr.

Sergio

STAGNARO

Sergio Stagnaro MD

Via Erasmo Piaggio 23/8,

16039 Riva Trigoso (Genoa) **Italy**

Founder of Quantum Biophysical Semeiotics,
Honorary President of International Society of
Quantum Biophysical Semeiotics (SISBQ)
Who's Who in the World (and America)
since 1996 to 2010
Ph 0039-0185-42315

Cell. 3338631439

www.semeioticabiofisica.it ;

dottsergio@semeioticabiofisica.it

References

- 1) **Stagnaro Sergio e Paolo Manzelli.** Semeiotica Biofisica: Realtà non-locale in Biologia. Dicembre 2007, <http://www.fceonline.it/images/docs/lory.pdf>
- 2) Stagnaro S. e Manzelli P. Semeiotica Biofisica Endocrinologica: Meccanica Quantistica e Meccanismi d'Azione Ormonali. Dicembre 2007, http://www.fcenews.it/index.php?option=com_content&task=view&id=816&Itemid=45
- 3) **Sergio Stagnaro.** Insulin, Adipogenesis, Cancer: an intriguing relation! PLoS, **13 July 2009**, <http://www.plosone.org/annotation/listThread.action;jsessionid=269333E6C38DAE33203F8590848855C0.ambra01?inReplyTo=info%3Adoi%2F10.1371%2Fannotation%2F1fc8961f-7e84-42d9-bcea-4443873cbf96&root=info%3Adoi%2F10.1371%2Fannotation%2F1fc8961f-7e84-42d9-bcea-4443873cbf96>
- 4) Stagnaro S. e Manzelli P. Natura Quantistica di una Originale Manovra Semeiotico-Biofisica di Epatopatia. Dicembre 2007, http://www.fcenews.it/index.php?option=com_content&task=view&id=862&Itemid=45
- 5) Stagnaro Sergio, Stagnaro-Neri Marina. Introduzione alla Semeiotica Biofisica. Il Terreno oncologico". Travel Factory SRL., Roma, 2004. <http://www.travelfactory.it>

- 6) Stagnaro S., Stagnaro-Neri M., La Melatonina nella Terapia del Terreno Oncologico e del "Reale Rischio" Oncologico. Ediz. Travel Factory, Roma, 2004.
- 7) Stagnaro S., Stagnaro-Neri M., Le Costituzioni Semeiotico-Biofisiche. Strumento clinico fondamentale per la prevenzione primaria e la definizione della Single Patient Based Medicine. Ediz. Travel Factory, Roma, 2004. <http://www.travelfactory.it>
- 8) Stagnaro Sergio. Single Patient Based Medicine: its paramount role in Future Medicine. Public Library of Science. <http://medicine.plosjournals.org/perlserv/?request=read-response>
- 9) Stagnaro S., Stagnaro-Neri M., Single Patient Based Medicine. La Medicina Basata sul Singolo Paziente: Nuove Indicazioni della Melatonina. Travel Factory, Roma, 2005. <http://www.travelfactory.it/>
- 10) Stagnaro Sergio Biophysical-Semeiotic Diabetic Constitution. Cyber Lecture, www.indmedica.com, 2006, http://cyberlectures.indmedica.com/show/60/1/Diabetic_Constitution
- 11) Stagnaro Sergio. Pre-Metabolic Syndrome and Metabolic Syndrome: Biophysical-Semeiotic Viewpoint. www.athero.org, 29 April, 2009. <http://www.athero.org/commentaries/comm904.asp>
- 12) Stagnaro Sergio. CAD Inherited Real Risk, Based on Newborn-Pathological, Type I, Subtype B, Aspecific, Coronary Endoarteriolar Blocking Devices. Diagnostic Role of Myocardial Oxygenation and Biophysical-Semeiotic Preconditioning. www.athero.org, 29 April, 2009 <http://www.athero.org/commentaries/comm907.asp>
- 13) Stagnaro Sergio. Il "Reale Rischio" Semeiotico-Biofisico. <http://www.piazzettamedici.it/>. URL: <http://www.piazzettamedici.it/professione/professione.htm>
- 14) 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.
- 15) Stagnaro Sergio. **New bedside way in Reducing mortality in diabetic men and women. Ann. Int. Med.** <http://www.annals.org/cgi/eletters/0000605-200708070-00167v1>
- 16) Stagnaro S., West PJ., Hu FB., Manson JE., Willett WC. Diet and Risk of Type 2 Diabetes. N Engl J Med. 2002 Jan 24;346(4):297-298. [Medline]
- 17) Stagnaro Sergio. Epidemiological evidence for the non-random clustering of the components of the metabolic syndrome: multicentre study of the Mediterranean Group for the Study of Diabetes. *Eur J Clin Nutr.* 2007 Feb 7; [Medline]

- 18) Stagnaro Sergio. Lettera di un medico in pensione ad un neolaureato, aggiornata e commentata. www.mednat.org, 22 marzo 2009. http://www.mednat.org/curriculum_stagnaro.htm
- 19) Stagnaro S., Stagnaro-Neri M. Valutazione percusso-ascoltatoria del Diabete Mellito. Aspetti teorici e pratici. *Epat.* 32, 131, 1986
- 20) Sergio Stagnaro. Biophysical-Semeiotic Dyslipidaemic Constitution. Cyber Lecture, www.indmedica.com, 2006, http://cyberlectures.indmedica.com/show/50/1/Biophysical-Semeiotic_Dyslipidaemic_Constitution
- 21) Stagnaro-Neri M., Stagnaro S., La sindrome percusso-ascoltatoria da carenza di Carnitina. *Clin. Ter.* 145, 135, 1994 **[Medline]**
- 22) Stagnaro-Neri M., Stagnaro S., Semeiotica Biofisica: valutazione clinica del picco precoce della secrezione insulinica di base e dopo stimolazione tiroidea, surrenalica, con glucagone endogeno e dopo attivazione del sistema renina-angiotensina circolante e tissutale – *Acta Med. Medit.* 13, 99, 1997.
- 23) Stagnaro Sergio. Middle Ages of today's Medicine, Overlooking Quantum-Biophysical-Semeiotic Constitutions and Related Inherited Real Risk. <http://sciphu.com> November 4, 2008. <http://sciphu.com/2008/11/meadle-ages-of-todays-medicine.html>
- 24) Stagnaro Sergio. Il test Semeiotico-Biofisico della Osteocalcina nella prevenzione primaria del diabete mellito. www.fce.it Febbraio 2008. http://www.fcenews.it/index.php?option=com_content&task=view&id=909&Itemid=47
- 25) Sergio Stagnaro. New Renaissance in Medicina. Prevenzione Primaria del Diabete Mellito tipo 2. Sito del Convegno, <http://qbsemeiotics.weebly.com/atti-del-convegno.html>, 16 novembre 2010; http://qbsemeiotics.weebly.com/uploads/5/6/8/7/5687930/newrenaissance_prevenzionet2dm.pdf; english version http://qbsemeiotics.weebly.com/uploads/5/6/8/7/5687930/report_stagnaro.pdf; <http://www.semeioticabiofisica.it/semeioticabiofisica/Documenti/Ita/Nuovo%20Rinascimento%20Medicina%20RELAZIONE%20I%20Congr.doc>; english version <http://www.semeioticabiofisica.it/semeioticabiofisica/Documenti/Eng/Nuovo%20Rinascimento%20eng.doc>
- 26) Stagnaro Sergio. Pivotal PPARs Activity Bed-side Evaluation in Pre-Metabolic Syndrome and Metabolic Syndrome Primary Prevention. *Cardiovascular Diabetology.* 2005, 4:13 doi:10.1186/1475-2840-4-13
- 27) Stagnaro Sergio. Bedside biophysical-semeiotic PPARs evaluation in glucose-lipid metabolism monitoring. *Annals of Family Medicine* 2007; 5: 14-20. <http://www.annfammed.org/cgi/eletters/5/1/14>

28) Stagnaro Sergio. Pivotal Role of Liver PPARs Activity Bed-side Evaluation in Monitoring glucidic and lipidic Metabolism. *Lipids in Health and Disease*. 02 June 2007, <http://www.lipidworld.com/content/6/1/12/comments#284542>

29) Stagnaro Sergio e Paolo Manzelli. L'Esperimento di Lory. *Scienza e Conoscenza*, N° 23, 13 Marzo 2008. <http://www.scienzaeconoscenza.it/articolo.php?id=17775>

30) Sergio Stagnaro. La Medicina Occidentale: un Gigante dai Piedi d'Argilla. 4 Gennaio. 2010, <http://www.fcenews.it>, <http://www.fceonline.it/images/docs/gigante.pdf>

31) Stagnaro-Neri M., Stagnaro S., Sindrome di Reaven, classica e variante, in evoluzione diabetica. Il ruolo della Carnitina nella prevenzione del diabete mellito. *Il Cuore*. 6, 617, 1993

[Medline]

32) Sergio Stagnaro. **Without CAD Inherited Real Risk, All Environmental Risk Factors of CAD are innocent Bystanders.** *Canadian Medical Association Journal*. CMAJ, 14 Dec 2009, <http://www.cmaj.ca/cgi/eletters/181/12/E267#253801>

33) Sergio Stagnaro. *New Renaissance in Medicine*. 01 October 2010, <http://www.scivox.com>.

<http://www.sci-vox.com/stories/story/2010-10-01new+renaissance+in+medicine..html>

34) Stagnaro Sergio. [Valutazione dell'amiloide insulare nel diabete mellito](#).

www.fceonline.it, 2008, <http://www.fceonline.it/wikimedicina/semiologica-biofisica/211/581-valutazione-dell-amiloide-insulare-nel-diabete.html>;

<http://xoomer.virgilio.it/piazzetta/professione/amiloide.htm>

35) Caramel Simone. Primary Prevention of T2DM and Inherited Real Risk of Type 2 Diabetes Mellitus <http://ilfattorec.altervista.org/T2DM.pdf>

36) Sergio Stagnaro. Primo neonato negativo per il Terreno Oncologico nato da genitori positivi per la Variante RESIDUA in trattamento con Melatonina-Coniugata, secondo Di Bella-Ferrari. www.fce.it, 13 aprile 2010, <http://www.fceonline.it/images/docs/neonato.pdf>;

nel sito http://junior.cybermed.it/index.php?option=com_frontpage&Itemid=36,

alle URLs http://junior.cybermed.it/index.php?option=com_content&task=view&id=1073&Itemid=51 http://www.cybermed.it/index.php?option=com_content&task=view&id=24687&Itemid=134;

<http://www.piazzettamedici.it/professione/professione.htm>

<http://www.liquidarea.com/2010/07/manuels-story-la-melatonina-nella-terapia-del-terreno-oncologico/>

- 37) Sergio Stagnaro. New Way in the War against Cancer. Oncological Terrain-Dependent, Inherited Real Risk based Primary Prevention: Manuel' Story. 2 May, 2010. www.mysun.com. http://www.mysun.co.uk/stagnaro/blog/2010/05/02/new_way_in_the_war_against_cancer_oncological_terrain-dependent_inherited_real_risk_based_primary_prevention_manuel_story, and <http://www.sci-vox.com/stories/story/2010-07-21manuel%27s+story%3A+a+new+way+in+cancer+primary+prevention.html>
- 38) Sergio Stagnaro. **Lettera Aperta alle Neo-Spose. La Storia di Manuel, che nessuno racconta.**<http://www.masterviaggi.it> Giovedì, 15 Luglio 2010.http://www.masterviaggi.it/news/categoria_news/40260-lettera_aperta_alle_neo-spose_la_storia_di_manuel_che_nessuno_racconta.php
- 39) Stagnaro Sergio. Oncogenesis is possible exclusively in individuals Oncological Terrain-positive. www.thescientist.com2007. <http://www.the-scientist.com/blog/print/53498/>
- 40) Sergio Stagnaro. There are other, clinical ways in preventing disease transmission through mitochondria intervention. 15 April, 2010. www.thescientist.com, <http://www.the-scientist.com/blog/display/57287/>
- 41) Sergio Stagnaro. Il Terreno Oncologico di Di Bella. www.fce.it, 11 ottobre 2010,<http://www.fceonline.it/images/docs/terreno%20oncologico.pdf>;
<http://www.luigidibella.it/cms-web/upl/doc/Documenti-inseriti-dal-2-11-2007/Il%20Terreno%20Oncologico%20di%20Di%20Bella.pdf>;<http://www.altrogiornale.org/news.php?extend.6420>
- 42) **Stagnaro Sergio.** La Diagnostica Psicocinetica migliora l'Esame Obiettivo. <http://www.fcenews.it>, 15 giugno 2009.<http://www.fcenews.it/docs/diagnostica2.pdf> ;www.altrogiornale.org, <http://www.altrogiornale.org/news.php?extend.4889>; <http://www.nonapritequelportale.com/?q=la-psicocinesi-esiste-funziona>;<http://unlocktor.altervista.org/forum/viewtopic.php?t=1192&start=0&postdays=0&postorder=asc&highlight=&sid=af35aa98b69d6f08d116f65d34b55827>;http://www.spaziamente.com/articoli/La_semeiotica_biofisica_quantistica_corroborata_la_psicocinesi.pdf
- 43) Curri S. B., Le microangiopatie, a cura di Inverni della Beffa, Arte Grafica S.p.A. Verona, 1986
- 44) **Stagnaro S.**, Istangiopatia Congenita Acidotica Enzimo-Metabolica condizione necessaria non sufficiente della oncogenesi. XI Congr. Naz. Soc. It. di Microangiologia e Microcircolaz. Abstracts, pg 38, 28 Settembre-1 Ottobre, Bellagio
- 45) **Stagnaro S.**, Istangiopatia Congenita Acidotica Enzimo-Metabolica. X Congr. Naz. Soc. It. di Microangiologia e Microcircolazione. Atti, 61. 6-7 Novembre, Siena

46) **Stagnaro S.**, Istangiopatia Congenita Acidosica Enzimo-Metabolica. Gazz Med. It. – Asch. Sci, Med. 144, 423

47) **Sergio Stagnaro.** Semeiotica biofisica quantistica: diagnosi rapida di reale rischio di neoplasia e metastasi ossee. www.fce.it, 18 Dicembre, 2010. <http://www.fceonline.it/images/docs/metastasi.pdf>

48) **Stagnaro S.**, Auscultatory Percussion of Rheumatic Diseases. X European Congress of Rheumatology. Moscow. 26 June-July, Proceedings, pg 175, 1983.

49) **Stagnaro S.**, Polimialgia Reumatica Acuta Benigna Variante. Clin. Ter. 118, 193 **[Medline]**

50) **Stagnaro Sergio.** Lettera Aperta al Ministro della Salute, On Prof. Ferruccio Fazio. Terrorismo Psicologico Jatrogenetico, Epidemia ignorata ma in aumento. www.mednat.org, 22 ottobre 2010. http://www.mednat.org/Lettera_Aperta_%20Ministro_Salute%202010.pdf; <http://www.fceonline.it/home-mainmenu-1/bacheca/199-bacheca/97835-lettera-aperta-al-ministro-della-salute-on-prof-ferruccio-fazio.html>