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FASCIAL MANIPULATION®
for Internal Dysfunctions

Practical Part

English Edition by
Julie Ann Day

PICCIN

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ISBN 978-88-299-2788-3

Printed in Italy

FOREWORD

I came across Luigi Stecco's ideas some years ago and I instantly knew that they were a new way to understand the human body and its dysfunctions. It is common understanding that severe low back pain could be related to constipation, or that physical activities could normalize bowel movements, but so far these statements lacked a clear anatomical and physiological explanation. In this book Luigi Stecco explains why the human musculoskeletal system can impact the internal organs, and introduces a clear pathway to address visceral dysfunctions. Conventional medicine is characterized by an emphasis on hormonal, chemical and neurological control of internal organs, sometimes neglecting that these systems have their own mobility and motility. Provision of an adequate living space among them will guarantee proper functioning. The internal fasciae functions include supporting the organs, providing the correct living space, isolating them from the surrounding organs and at the same time connecting them with others and ultimately the delicate task of managing the connection to the human musculoskeletal system. The internal fasciae biomechanical model introduced by Luigi Stecco, gives for the first time a unitary vision of the internal fasciae and their role in physiology and pathology of the internal organs. This vision causes him to completely reconsider the role and anatomy of the autonomic nervous system, overcoming the dualism of ortho-sympathetic and parasympathetic systems, while accentuating the role of the enteric nervous system. The internal fasciae anatomy, both physiological and pathological, is integrated with that of the autonomic nervous system, creating a concept that stands out with simplicity, clarity and logic.

All of these will remain pure theory if it wasn't that Luigi Stecco is a physiotherapist with the primary goal to assist others in achieving an optimal state of health and well-being. Therefore, along with the theory book, he felt the need to publish this second book of practice, to give a tool to handle internal dysfunctions. I had the opportunity to verify the Fascial Manipulation method efficiency for the treatment of several dysfunctions first-hand. Understanding this methodology gave me further tools to better investigate patients and discover the relationships between different pathologies, as well as the possibility to overcome the dualism between the human musculoskeletal system-internal organs. I now understand the possibility of the cause/consequence of each other's alteration, which helps me to set up a global, goal oriented treatment. In several cases, Fascial Manipulation is able to address not a single muscle or organ, yet the person as a whole.

This book is recommended to physiotherapists, osteopaths, physicians and all the professionals who work with their hands, given its potential to address and even cure some internal dysfunctions.

In a field so far disregarded, neglected or treated superficially by conventional medicine, the Fascial Manipulation Method teaches how to hear the body signals provides a way of reading and understanding them and gives practical indications on how to better address the internal dysfunctions.

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With special thanks to Larry Steinbeck and Cheryl Megalos
for their valuable proof-reading and English language suggestions.

To Lena,
steadfast wife and mother

INTRODUCTION

The three images on the cover of this book summarise its fundamental concepts:

- the photograph of the anterior trunk wall depicts the 'container' of the organ-fascial units, apparatus-fascial sequences and internal systems
- the anatomical photograph of the parietal peritoneum highlights the texture of the internal fasciae and their adaptability to traction
- the illustration outlines the arrangement of the ante-medio catenary and of the three internal fascial sequences, namely the visceral, vascular and glandular fascial sequences.

This text presents the manual approach used in Fascial Manipulation for Internal Dysfunctions[1] (FMID) and, in particular, the modality for interacting with the autonomic nervous system.

For example, in conventional medicine, an antacid is usually prescribed for gastroesophageal reflux, whereas FMID aims at restoring the motility of the cardia by acting on the thoracic wall or the lumbar wall. If the fasciae of the 'container' are rigid then tension is transferred to the diaphragm, which inserts all around the rib margin. As the oesophagus passes through the diaphragm it also inserts onto the diaphragm itself by means of its fasciae. A network of intramural autonomic neurons that are sensitive to stretch regulates the peristalsis of the cardia. If the tension of the diaphragm and the tension of the oesophageal fasciae are not balanced, then cardia peristalsis can be altered, causing changes in the timing of cardia closure.

With FMID, the work of the therapist consists in locating the points on the trunk wall that interfere with internal motility. The pursuit of these therapeutic points would be quite arduous if there were no guidelines. This practical manual provides the reader with indications as to how to orientate oneself amidst disturbances that are localised in one segment, or if an entire apparatus is dysfunctional or a specific system is disturbed.

For dysfunctions that tend to imitate an internal organ disorder and are localised in one segment of the trunk, manipulation of some points on the tensors of the trunk wall is proposed. This proposal is based on engineering principles related to tensile structures.

For dysfunctions of the apparatus, therapists work along the catenaries of the trunk and the tensors of the limbs. There are six apparatus within the trunk: the respiratory, digestive, circulatory, urinary, endocrine and haematopoietic apparatus. There are three apparatus in the cavities of the head: the photoreceptor, mechanoreceptor and chemoreceptor apparatus.

For systemic dysfunctions, three distinct manual approaches are proposed:

- a softer mobilisation of the loose connective tissue, which is particularly recommended for dysfunctions of the lymphatic system
- a stronger 'pincement' technique that, when applied to the subcutaneous tissue, is useful for mobilising the retinacula of the adipose system
- manipulation of the deep fascia that is useful for freeing peripheral nerves from any deposits of tight collagenic fibres.

Our body is structured according to a type of project, which, with the appropriate variations, repeats itself in all body parts.

In order to find these specular qualities in the musculoskeletal system, we abandoned the concept of single muscles and we presented the myofascial unit (mf unit), which has a specific, directional action.

We have now abandoned the idea of studying the single organ for internal dysfunctions and, instead, we study organ-fascial units (*o-f* units) that have a specific function.

With the musculoskeletal system, we connected muscle spindle activity to the fasciae. Fasciae participate in peripheral motor coordination by perceiving and reacting to tension.

[1] Over 40% of patients who seek care from specialists of internal medicine present gastrointestinal disorders. Half of these subjects present 'functional' disturbances. Their intestine functions poorly but no-one can explain why. No anatomical or chemical defects are evident. (Ghershon M.D., 2003)

With the *o-f* units, we have connected the activity of the autonomic ganglia to the internal fasciae. In effect, intramural and extramural ganglia are sensitive to stretch caused by the passage of food, blood and hormones.

Muscle spindles function perfectly if they are inserted within an elastic fascial framework that allows for them to either contract or to be stretched.

Similarly, peristalsis of the *o-f* units and the apparatus only functions well if the investing and insertional fasciae have the minimal tautness required to perceive the passage of any contents.

Systems, however, do not function via stretch because they are connected with the superficial fascia. Instead, they communicate with the paravertebral ganglia via autonomic afferents and efferents.

FMID uses the same points that are used in Fascial Manipulation for musculoskeletal dysfunctions. These same points correspond to acupuncture points.

Almost all acupuncture points are indicated for both musculoskeletal and internal dysfunctions. The next question that arises is 'so, where is the difference?'

The difference between acupuncture and FM lies in the way that the points are stimulated and in the combination of the points that are used.

FM uses different manual approaches to stimulate points, or small areas, based on the principle that the fascia is the only pliable and malleable tissue in our body.

Fascia interacts with muscle spindles within the musculoskeletal system, and it also interacts with the neuronal network of the internal organs. Fascia can only perform this role if it is elastic, fluid and has its correct basal dimension.

Each fascia is structured according to the function that it conducts. Muscular fascia in the limbs is structured according to the logic of the myofascial sequences and spirals.

The muscular fascia in the trunk does not only have a role in motor function. It also serves as a container for the internal organs. This second function is involuntary, involving interaction with tensioning or tension of the internal organs. For this reason, densification of the anterior fasciae of the trunk sometimes causes musculoskeletal dysfunctions but, more frequently, it causes internal disorders.

In the case of musculoskeletal dysfunctions there are clearly localised signs that can lead us to the points requiring treatment. Conversely, in order to localise the origin of internal organ dysfunctions, precise therapeutic guidelines are needed.

While movement verifications can provide some indications for musculoskeletal system dysfunctions, with internal organ dysfunctions only palpation verifications are useful for identifying the points that require treatment.

In acupuncture, there are 64 points on the left and 64 points on the right of the anterior trunk wall. Palpation verification of all 128 points would take a considerable amount of time. Therefore, in FMID the trunk is divided into three segments (thorax, lumbar and pelvis), and within each segment the principal points that facilitate the identification of other points have been identified.

Reference to acupuncture is made here for two reasons:

- to demonstrate how the points that we treat have a beneficial action that has been clinically proven over thousands of years
- to interpret the benefits that traditional Chinese medicine explains through the Taoist philosophy in terms of anatomy and physiology.

Diverging somewhat from definitions found in English language texts, in this book the terms 'apparatus' and 'system' are used with the following meanings:

- apparatus: group of organs that carry out a single function, for example, the digestive apparatus
- system: a complexity of structures connected with the superficial fascia and the skin that are stimulated by the paravertebral and prevertebral ganglia.

Furthermore, in English language texts the term 'sympathetic' is used as a synonym of 'orthosympathetic', whereas in texts by the Italian anatomist Giulio Chiarugi, the term 'sympathetic' is synonymous of the 'vegetative system'.

In this book, the term 'Autonomic Nervous System (ANS)' will be used to indicate the 'vegetative system'; at times, the term 'sympathetic' will be used with its English language meaning, that is, as a synonym of 'orthosympathetic', which is a term that comprises all of the retroperitoneal plexuses and the paravertebral and prevertebral ganglia. In the new interpretation of the ANS presented in this book, the term 'orthosympathetic' will only be used to indicate the nerve impulses generated by the Central Nervous System that have an excitatory effect on the vascular sequence.

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