

**LUIGI STECCO**

**CARLA STECCO**

**FASCIAL  
MANIPULATION**  
**for Internal Dysfunctions**

*English Edition by*  
Julie Ann Day

**PICCIN**

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LUIGI STECCO

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# ABBREVIATIONS

<b>ACI</b>	Apparatus, circulatory	<b>LR</b>	Liver Meridian
<b>ACR</b>	App., chemoreceptor (taste-smell)	<b>LU</b>	Lung Meridian
<b>ADI</b>	Apparatus, digestive	<b>me</b>	Medio, medial part
<b>AEN</b>	Apparatus, endocrinal	<b>mf</b>	Myofascial
<b>AF</b>	Apparatus-fascial (sequence)	<b>OB</b>	Tensors of oblique tensile structure
<b>AFR</b>	Apparatus, photoreceptor (sight)	<b>of</b>	Organ fascial (unit)
<b>AHE</b>	Apparatus, haematopoietic	<b>PC</b>	Pericardium Meridian
<b>AMR</b>	Apparatus, mechanoreceptor (hearing)	<b>pe</b>	Pes, forefoot
<b>an</b>	Ante, anterior part	<b>PNS</b>	Peripheral Nervous System
<b>an-la</b>	Diagonal or ante-latero tensor	<b>re-la-q</b>	retro-latero quadrant (with mobilization)
<b>an-la- q</b>	Ante-latero quadrant - cubitus, carpus, ...	<b>re-la-Q</b>	retro-latero Quadrant (with pinching)
<b>an-me</b>	Diagonal or ante-medio tensor	<b>re</b>	Retro, posterior
<b>an-me-q</b>	Ante-medio quadrant	<b>re-la</b>	Diagonal or retro-latero tensor
<b>AP</b>	Antero-posterior tensors	<b>re-me</b>	Diagonal or retro-medio tensor
<b>ARE</b>	Apparatus, respiratory	<b>SAM</b>	System, adipose metabolic
<b>AUN</b>	Apparatus, urinary	<b>sc</b>	Scapula, shoulder girdle
<b>BL</b>	Bladder Meridian	<b>SCT</b>	System, cutaneous thermoregulatory
<b>ca</b>	Carpus, wrist	<b>SI</b>	Small Intestine Meridian
<b>cp</b>	Caput, head	<b>SLI</b>	System, lymphatic - immune
<b>cu</b>	Cubitus, elbow	<b>SPS</b>	System, psychogenic
<b>CNS</b>	Central Nervous System	<b>SP</b>	Spleen Meridian
<b>CV</b>	Conception Vessel, extraordinary meridian	<b>ST</b>	Stomach Meridian
<b>cx</b>	Coxa, thigh	<b>ta</b>	Talus, ankle
<b>di</b>	Digit, finger	<b>TCL</b>	Tensile structure, cervical
<b>FMID</b>	Fascial Manipulation for Internal Dysfunctions	<b>TCP</b>	Tensile structure, cephalic
<b>GB</b>	Gall Bladder Meridian	<b>TLU</b>	Tensile structure, lumbar
<b>ge</b>	Genu, knee	<b>TPV</b>	Tensile structure, pelvis
<b>gl-cl</b>	Glandular o-f unit in the neck (collum)	<b>TTH</b>	Tensile structure, thorax
<b>gl-lu</b>	Glandular o-f unit in the lumbi	<b>o-f unit</b>	organ-fascial unit
<b>gl-pv</b>	Glandular o-f unit in the pelvis	<b>va-cl</b>	Vascular <i>o-f</i> unit in the collum (neck)
<b>gl-th</b>	Glandular o-f unit in the thorax	<b>va-lu</b>	Vascular <i>o-f</i> unit in the lumbi
<b>GV</b>	Governor Vessel, extraordinary meridian	<b>va-pv</b>	Vascular <i>o-f</i> unit in the pelvis
<b>HT</b>	Heart Meridian	<b>va-th</b>	Vascular <i>o-f</i> unit in the thorax
<b>hu</b>	Humerus, glenohumeral joint	<b>vi-cl</b>	Visceral <i>o-f</i> unit in the collum
<b>KI</b>	Kidney Meridian	<b>vi-lu</b>	Visceral <i>o-f</i> unit in the lumbi
<b>la</b>	Latero, lateral part	<b>vi-pv</b>	Visceral <i>o-f</i> unit in the pelvis
<b>LI</b>	Large Intestine Meridian	<b>vi-th</b>	Visceral <i>o-f</i> unit in the thorax
<b>LL</b>	Latero lateral tensors		



# FOREWORD

I was more than happy to write this foreword to 'Fascial Manipulation for Internal Dysfunctions' by Luigi Stecco, because I have always encouraged manual therapies dealing with internal dysfunctions. My enthusiasm derives from the extraordinary results I obtain using "Visceral Manipulation", the method I have developed from my experiences as an osteopath. In recent years, many scholars have shifted their attention from the organs to their surrounding fasciae, but this is the first book to provide an overview of all the internal fasciae. Furthermore, it proposes a biomechanical model that defines the specific relations between organs, fasciae and musculoskeletal system and is supported by beautiful images of dissection that help to comprehend these relations.

This book examines all facets of the fascia, showing how this is the only tissue of the human body that modifies its consistency when under stress (plasticity), yet it is capable of regaining its elasticity when subjected to manipulation (malleability)

I particularly appreciate the concept of the tensile structures that explains perfectly how different trunk cavities can interact with the internal organs. In fact, the fasciae of the trunk are arranged according to the principles of tensile structures, allowing for ample trunk movements without interfering with internal organ function. This concept effectively shifts the therapist's attention from the organ itself to its 'container', and treatment can then focus on recreating a suitable environment within which the organs can move according to their physiological rhythms.

In our books, we have always sustained the importance of the mobility and motility of the internal organs. Now, this book by Stecco maintains the guiding principles of the fasciae, but it extends it further to the apparatus and systems.

Initially, the reader may be somewhat disconcerted by the numerous different manual ap-

proaches that are proposed. However, once these approaches have been studied it will be comprehensible that they are all useful for the treatment of the clinical variations that any single patient may present.

Based on these considerations, one can understand that this manual by Stecco represents a useful guide for all therapists interested in treating internal dysfunctions without the use of medications (such as antacids, pain killers, antispasmodics, etc.), which can often mask the signs and symptoms expressed by the human body.

Last, I would like to underline the clarity with which Stecco has described the autonomic system and its affiliations with the internal fasciae. Seen in this light, the autonomic system no longer represents an incomprehensible chaos. Moreover, it becomes a sort of peripheral brain, regulating the functions of the different organs perfectly, thanks to its interactions with the visceral fasciae.

I sincerely hope that therapists, medical doctors, osteopaths, chiropractors, and researchers will take the proposals presented in this book into consideration, both in order to realise the potential our hands possess to cure many internal dysfunctions, as well as to ascertain the validity of these ideas.

'Fascial Manipulation for Internal Dysfunctions' certainly provides a simple but effective biomechanical model for guiding the therapist's hand in unravelling the chaos of fascial anatomy. To quote the Fascial Manipulation motto: *manus sapiens potens est* - a knowledgeable hand is potent.

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*To my wife Lena, for all her support*



# INTRODUCTION

This book presents a series of treatment approaches for numerous dysfunctions of the internal apparatus and systems. An **apparatus** is formed by individual organs that collaborate together for a single function. A **system** is the union of parts that are organised in a similar manner and which extend throughout the entire body.

Various osteopathic techniques, first and foremost Visceral Manipulation by Barral<sup>1</sup>, describe specific manual approaches to help patients with internal dysfunctions.

Acupuncture is also applied to all of the problems examined in this text.

Nevertheless, the scope of this book is not to duplicate other work but to link internal dysfunctions to 'densifications' in the superficial, deep, visceral, vascular and glandular fasciae.

The treatment approaches presented here utilise the same points as those used in treatments of deep fascia but the manual techniques are different, as are the combinations of points.

Fascial Manipulation (FM) for the musculoskeletal system acts on the muscular fascia and the somatic (voluntary) nervous system via muscle spindles. Fascial Manipulation for Internal Dysfunctions (FMID) aims to restore function within the autonomic (involuntary) nervous system.

For dysfunctions within the components of the musculoskeletal system (joints, muscles, ligaments, etc.), strategies suitable for rebalancing the myofascial (MF) unit, the MF sequence, or the MF spiral are employed.

For dysfunctions within the body's internal components, strategies to either rebalance tensile structures that contains organ-fascial units (*o-f* units) or to restore fluidity within quadrants of the superficial fascia connected to the systems (see p. 316) are applied.

FMID acts on both internal organ dysfunctions and dysfunctions of vessels, glands and systems. For this reason, the term 'internal dysfunctions'

has been used, rather than 'visceral dysfunctions', which would have been too limiting.

FMID does not act directly on the fascia of the organs but on the fascia of their 'container,' namely the trunk wall. Similarly, acupuncture treats numerous internal dysfunctions by inserting needles into the superficial and deep fasciae of the trunk wall, but not into the fascia of an internal organ.

This text is divided into three parts.

In the **first part**, single organs and their connections with their surrounding fasciae are discussed. Together these structures form *o-f* units. Intramural and extramural autonomic ganglia of the enteric system are inserted within the *o-f* units' fasciae. Organ peristalsis can be restored by acting on the tensile structures (see Ch. 4) forming the four segments (neck, thorax, lumbar, and pelvis) of the trunk wall.

In the **second part**, the apparatus are studied. Fascial sequences connect the organs of a single apparatus together. Extensive autonomic nerve plexuses are arranged along these apparatus-fascial sequences. The treatment of apparatus focuses on the forces that invest the entire trunk wall (catenaries and distal tensors; see Ch.13).

In the **third part**, the systems are analysed. Examples of systems are the nervous system, the immune system, the thermoregulatory system and the metabolic system. Systems are composed of internal and external components that are connected to the superficial fascia. Prevertebral and paravertebral autonomic ganglia modulate the activity of the internal organs in response to variations in the external environment. Treatment of the systems focuses on quadrants of the superficial fascia. These quadrants can act as 'peripheral receptors' for the internal autonomic ganglia.

The FM motto is 'Manus sapiens potens est' (A knowledgeable hand is powerful). The more a therapist's hand is supported by scientific knowledge, the more effective it will be.

A therapist's hand will only be able to treat internal dysfunctions appropriately after comprehending the importance of the fasciae in the physiology of organ-fascial units, apparatus, and systems.

---

<sup>1</sup> Our experience has convinced us that it is possible to improve the function of an organ through manipulation, re-establishing, to a certain degree, its characteristic movement (Barral J.P., 1988).

Naturally, the manual approach itself is also important. Results can only be obtained if one treats:

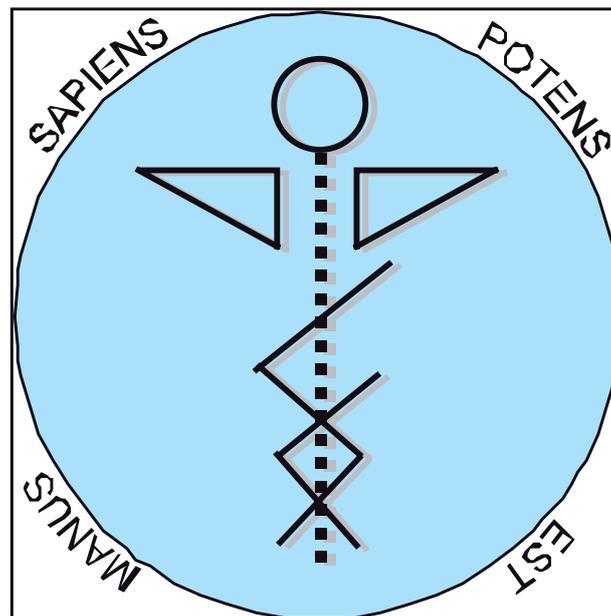
- densifications with sensitivity and not with violence
- altered (or densified) points until they resolve
- the correct fasciae for the problem (superficial or deep)
- the correct combination of points (rather than following standard protocols).

Treatment of the organ-fascial units is fairly straightforward, because the pain or dysfunction is localised in the same body segment that contains the dysfunctional organ or organs.

Global treatment of the apparatus-fascial sequences is more difficult because referred pain is often localised in areas at a distance from the origin of the problem.

In the treatment of the systems, the visible state of the superficial fascia provides useful information, and the actual manual approach varies accordingly.

Fascial Manipulation is not effective when anatomical damage is advanced. However, it can yield good results when it is applied to dysfunctional fasciae that are decompensating an organ, an apparatus or a system.



**Logo of the Fascial Manipulation method**