FASCIAL MANIPULATION for Internal Dysfunctions

English Edition by
Julie Ann Day
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Four pathways of distal referred pain .......................... 164
External compensations ............................................. 164
Somato-somatic referred pain ....................................... 164
Somato-visceral referred pain ....................................... 165
Internal compensations .............................................. 166
Viscero-visceral referred pain ....................................... 166
Viscero-somatic referred pain ....................................... 168
A parallel with acupuncture ............................................ 169
Names of the meridians and internal organs ...................... 170
The three energy subcircuits .......................................... 170
Points on the trunk and distal points ................................ 171
Acupuncture and auriculotherapy .................................... 172

Chapter 15
THE VISCERAL SEQUENCE ......................................... 175
Anatomy of the visceral sequence .................................... 175
Respiratory Apparatus (ARE) .......................................... 178
Functions of the respiratory apparatus ................................ 178
Dysfunctions of the respiratory apparatus .......................... 178
Digestive Apparatus (ADI) ............................................. 179
Functions of the digestive apparatus .................................. 181
Dysfunctions of the digestive apparatus ............................ 182
Treatment of the visceral sequence ................................... 183
History taking and Data .................................................. 183
Hypothesis .................................................................. 184
Palpation verification ..................................................... 184
Treatment .................................................................. 186
Clinical case study ......................................................... 186

Chapter 16
THE VASCULAR SEQUENCE .......................................... 187
Anatomy of the vascular sequence ..................................... 187
Circulatory apparatus (ACI) ............................................ 190
Functions of the circulatory apparatus ................................ 190
Dysfunctions of the circulatory apparatus .......................... 192
Urinary Apparatus (AUN) ................................................ 193
Functions of the urinary apparatus .................................... 193
Dysfunctions of the urinary apparatus ................................ 195
Treatment of the vascular sequence .................................. 196
History taking and Data ................................................... 196
Hypothesis .................................................................. 196
Palpation Verification ...................................................... 196
Treatment .................................................................. 198
Clinical case study ......................................................... 198

Chapter 17
THE GLANDULAR SEQUENCE ....................................... 199
Anatomy of the glandular sequence .................................... 199
Endocrine Apparatus (AEN) ............................................ 202
Functions of the endocrine apparatus ................................ 202
Dysfunctions of the endocrine apparatus ............................ 203
Haematopoietic Apparatus (AHE) ...................................... 205
Functions of the haematopoietic apparatus .......................... 206
Dysfunctions of the haematopoietic apparatus ...................... 207
Treatment of the glandular sequence ................................. 209
History taking and Data ................................................... 210
Hypothesis .................................................................. 210
Palpation verification ...................................................... 210
Treatment .................................................................. 211
Clinical case study ......................................................... 212

Chapter 18
THE RECEPTOR SEQUENCE .......................................... 213
Anatomy of the receptor sequence ..................................... 213
Photoreceptor apparatus (APR) ......................................... 216
Functions of the photoreceptor apparatus ............................ 216
Dysfunctions of the photoreceptor apparatus ........................ 217
Mechanoreceptor apparatus (AMR) .................................. 217
Functions of the mechanoreceptor apparatus ....................... 218
Dysfunctions of the mechanoreceptor apparatus ................... 218
Chemoreceptor apparatus (ACR) ...................................... 219
Functions of the chemoreceptor apparatus ........................... 219
Dysfunctions of the chemoreceptor apparatus ....................... 219
Treatment of the receptor sequence ................................... 220
History taking and Data ................................................... 220
Hypothesis .................................................................. 220
Palpation verification ...................................................... 220
Treatment .................................................................. 221
Synergies of the receptor sequence .................................... 223
Clinical case study ......................................................... 223

Part III
THE SYSTEMS

Chapter 19
ANATOMY OF THE SYSTEMS ......................................... 229
Systems and superficial fascia ........................................... 229
Reactions of the systems to stress ....................................... 234
Stress and the ANS .......................................................... 235
Stress and the Orthosympathetic system ............................. 235
Stress and the Parasympathetic system ............................... 236
Stress and the Adenosympathetic system ......................... 236
Systemic and multisystemic pathologies ............................ 237

Chapter 20
EVOLUTION OF THE SYSTEMS ....................................... 239
External and internal components of systems ....................... 239
Evolution of the lymphatic-immune system ......................... 242
Evolution of the cutaneous-thermoregulatory system ........... 242
Evolution of the adipose-metabolic system .......................... 243
Evolution of autonomic ganglia ......................................... 243
Chapter 21
THE QUADRANTS OF THE SUPERFICIAL FASCIA .................................. 249
The quadrants ........................................... 252
Transverse retinacula of the superficial fascia ......................... 252
Longitudinal retinacula of the superficial fascia ....................... 254
The quadrants of the superficial fascia ........................... 255
The Assessment Chart for the systems ........................... 257
Compilation of the Assessment Chart
for the systems ........................................... 259
History taking and Data .................................... 259
Hypothesis ................................................. 260
Palpation verification ...................................... 260
Treatment .................................................. 260

Chapter 22
THE LYMPHATIC-IMMUNE SYSTEM ........................................... 261
The lymphatic-immune system (SLI) and stress ......................... 261
The lymphatic system ......................................... 264
Functions of the lymphatic system .................................. 264
Dysfunctions of the lymphatic system ................................ 264
The immune system ........................................... 265
Functions of the immune system .................................... 266
Dysfunctions of the immune system .................................. 267
Treatment of the SLI .......................................... 267
Manipulation of the Immune System ................................. 268
Mobilisation of the lymphatic system .................................. 270
Clinical case study ............................................ 271

Chapter 23
THE ADIPOSE-METABOLIC SYSTEM ........................................ 273
The adipose-metabolic system (SAM) and stress ....................... 273
The adipose system ........................................... 276
Functions of the adipose system .................................... 276
Dysfunctions of the adipose system .................................. 276
The metabolic system ........................................... 278
Functions of the metabolic system .................................... 278
Dysfunctions of the adipose system .................................. 279
Treatment of the SAM .......................................... 279
History taking and Data ....................................... 279
Hypothesis .................................................. 280
Palpation verification .......................................... 280
Treatment ................................................... 280
Clinical case study ............................................ 282

Chapter 24
THE CUTANEOUS-THERMOREGULATORY SYSTEM ...................... 283
The cutaneous system and the peripheral nervous system (PNS) ..... 286
Functions of the cutaneous system .................................. 286
Dysfunctions of the cutaneous system ................................ 288
The thermoregulatory system ......................................... 289
Functions of the thermoregulatory system ............................. 289
Dysfunctions of the thermoregulatory system ......................... 289
Treatment of the SCT and PNS .................................. 290
Clinical case study ............................................ 297

Chapter 25
NEURO-PSYCHOCGENIC SYSTEM ........................................... 299
Reactions of the nervous and psychogenic systems to stress ........... 299
The central nervous system (CNS) .................................. 302
Functions of the central nervous system ................................ 302
Dysfunctions of the central nervous system ........................... 302
Treatment of the CNS .......................................... 303
History taking and Data ....................................... 303
Hypothesis .................................................. 303
Verification .................................................. 303
Treatment ................................................... 304
The psychogenic system .......................................... 305
Functions of the psychogenic system .................................. 306
Dysfunctions of the psychogenic system .............................. 307
Treatment of the SPS .......................................... 308
History taking and Data ....................................... 308
Hypothesis .................................................. 308
Palpation verification .......................................... 308
Treatment ................................................... 309
Clinical case studies .......................................... 311
Fascial Manipulation for Internal Dysfunctions: indications for systemic dysfunctions ..... 312

Chapter 26
SYNOPTIC TABLES .................................................. 313

Conclusion ................................................... 327
Glossary .................................................... 329
References ................................................... 331
Index ......................................................... 335
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My son Antonio, a medical doctor specialised in Physical Medicine and Rehabilitation at the University of Padova, has taken some of the anatomical photographs. These photographs were taken at the University of New York in collaboration with Dr. Sushama Rich, Chair of Anatomy at the Touro College of Osteopathic Medicine.

I would like to thank Dr. M. Piccin for allowing me to use some illustrations from “Istituzioni di Anatomia dell’uomo” by Chiarugi G. and Bucciante L., as well as from “Anatomia Umana” by Esposito V. et al.

Prof. W. Hammer, who introduced Fascial Manipulation into the United States, has also given me permission to use some photographs from his book “Functional Soft-Tissue Examination and Treatment by Manual Methods”.

The concepts involved in tensile structures, catenaries and tensors have been clarified thanks to consultations with Giuseppe Costa, who is an engineer.

LUIGI STECCO

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

JP Barral
Diploma in Osteopathic Medicine European School of Osteopathy, Maidstone, England, and Faculty of Medicine, Paris du Nord (Department of Osteopathy and Manual Medicine).
To my wife Lena, for all her support
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\(^1\), 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 the 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.

---

\(^1\) 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.