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FASCIAL MANIPULATION®

Practical part • Third level

Second edition

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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 it 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 include 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.

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Introduction

Generally, manual therapy is thought to be only useful for treating the musculoskeletal system, whereas it can also be useful for internal organ dysfunctions. Numerous pharmaceutical products for digestive, respiratory, circulatory and prostate disturbances are publicised in the media every day. This leads the general public to believe that these problems can only be resolved by taking medicine. However, manual therapy can also be effective. Medicine for musculoskeletal system dysfunctions, such as anti-inflammatories, act on the acute inflammation that often results from joint conflict. Fascial Manipulation seeks out fascial densification as the cause of muscular spasm, which, in turn, causes joint conflict and, subsequently, inflammation. If these fascial alterations are modified by manual therapy, then muscles can work in the appropriate manner, joints move along their physiological axes and inflammation is subsequently reduced.

Medicine for internal organ dysfunctions often tackles the symptoms without resolving the cause of these dysfunctions. For example, antacids act on gastroesophageal reflux by reducing gastric acidity but they do not improve patency of the lower oesophageal sphincter. Fascial Manipulation modifies the stiffness of the fasciae that anchor the diaphragm in order to avoid interference with the aperture and closure of this sphincter. We need to remember that the oesophageal fasciae continue with the fasciae of the diaphragm's central tendon. Hence, if the central tendon is in an abnormal tensional state, then normal peristalsis of the lower oesophageal sphincter will be impeded.

How does Fascial Manipulation act on the cause of muscular disturbances? Voluntary muscle tone is determined by interactions between muscle spindles and the elasticity of the muscles' investing fascia. Densification of the fascia destabilises this interaction, causing hypertonus and altered joint mechanics, which lead to pain and inflammation.

How does Fascial Manipulation act on the cause of internal organ dysfunctions? Internal organ peristalsis is regulated by the tension of the visceral fascia, which, in turn, interacts with and influences the autonomic ganglia contained within the organ walls.

Any excessive tension or flaccidity of the trunk wall can interfere with the normal autonomic regulation of peristalsis.

If conventional medicine validated the function of the fascia more, then:

– rather than administering neuropathy supplements for a neuralgia, anomalous tension of the fascia would be analysed as a potential source of nerve irritation
– rather than prescribing a urinary antispasmodic for prostate dysfunction, attempts would be made to improve pliability of the organ's investing fascia
– rather than performing a sympathectomy for excessive sweating, densification of the superficial fascia would be investigated as a potential cause of aberrant autonomic impulses to the thermoregulatory system.

This practical manual offers some indications for the treatment of:

– segmentary dysfunctions, or dysfunctions of the organ-fascial units (o-f units) included within the tensile structures
– global or widespread dysfunctions, or dysfunctions of the apparatus-fascial sequences (a-f) contained within the trunk.

Internal dysfunctions require different treatment modalities with respect to musculoskeletal system dysfunctions:

– muscle overuse mainly involves the fascia located at the centres of coordination (CC)
– internal dysfunctions mainly involve silent points located at the CC and the centres of fusion (CF)
– myofascial pain tends to either compensate along a myofascial sequence or along a myofascial diagonal
– an internal dysfunction tends to compensate along a catenary and its distal tensors
– treatment of a myofascial pain often addresses the posterior CC
– treatment of an internal dysfunction begins from the anterior CF.

This practical manual analyses the peristalsis or functions of the organ-fascial units and the apparatus-fascial sequences. Once we understand the normal physiological interactions between these structures, then a correct manipulation of the tensile structures and catenaries can be performed: Manus sapiens potens est - a knowledgeable hand is potent.

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