

# 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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# 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.

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<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:

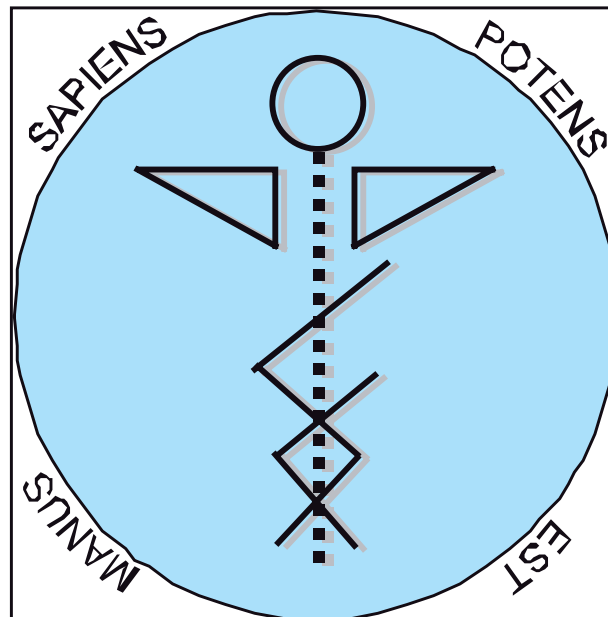
- densifications with sensitivity and not with violence
- altered (or densified) points until they resolve
- the correct fasciae for the problem (superficial or deep)
- the correct combination of points (rather than following standard protocols).

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**

# CONTENTS

<b>Introduction</b> . . . . .	XVII
<b>Basic Principles</b> . . . . .	XIX
Fasciae of the voluntary muscles . . . . .	XX
Fasciae of the involuntary muscles . . . . .	XXII

## Part I THE ORGAN-FASCIAL UNIT

Chapter 1	
<b>ANATOMY OF THE ORGAN-FASCIAL UNIT</b> . . . . .	3
The cavities of the trunk . . . . .	3
The organ-fascial unit . . . . .	7
Nomenclature of the <i>o-f</i> unit . . . . .	8
<i>O-f</i> units in the head . . . . .	10
Chapter 2	
<b>EVOLUTION OF THE ORGAN-FASCIAL UNIT</b> . . . . .	11
Evolution of the parenchyma . . . . .	11
Formation of the visceral <i>o-f</i> units . . . . .	14
Formation of the vascular <i>o-f</i> units . . . . .	14
Formation of the glandular <i>o-f</i> units . . . . .	16
Evolution of investing fasciae . . . . .	17
Evolution of the enteric system . . . . .	20
Chapter 3	
<b>PHYSIOLOGY OF THE ORGAN-FASCIAL UNIT</b> . . . . .	23
The courage to change . . . . .	23
The intramural system and segmental peristalsis . . . . .	26
The extramural system and organ-fascial unit peristalsis . . . . .	28
Chapter 4	
<b>TENSILE STRUCTURES</b> . . . . .	33
To contain without compressing . . . . .	33
Tensile structures . . . . .	33
Tensile structures in civil engineering . . . . .	36
Tensile structures and body cavities . . . . .	38
Antero-posterior (AP) tensors . . . . .	38
Latero-lateral (LL) tensors . . . . .	38
Oblique (OB) tensors . . . . .	39
From anatomy to the treatment . . . . .	40

From anatomy to pathology . . . . .	42
Node points . . . . .	42
Chapter 5	
<b>LOCAL REFERRED PAIN</b> . . . . .	45
Deep pain and parietal pain . . . . .	45
From external to internal: somato-visceral pain . . . . .	46
From internal to external: viscero-somatic pain . . . . .	49
Anatomical explanation of viscero-somatic pain . . . . .	50
Assessment chart for internal dysfunction . . . . .	53
History taking and Data . . . . .	53
Hypothesis . . . . .	56
Verification . . . . .	56
Treatment . . . . .	57
Outcome . . . . .	57
Chapter 6	
<b>THE CERVICAL TENSILE STRUCTURE</b> . . . . .	59
Visceral <i>o-f</i> unit in the neck . . . . .	62
Fasciae of the vi-cl <i>o-f</i> unit . . . . .	62
Functions of the vi-cl <i>o-f</i> unit . . . . .	63
Dysfunctions of the vi-cl <i>o-f</i> unit . . . . .	64
Vascular <i>o-f</i> unit in the neck . . . . .	64
Fasciae of the va-cl <i>o-f</i> unit . . . . .	64
Functions of the va-cl <i>o-f</i> unit . . . . .	65
Dysfunctions of the va-cl <i>o-f</i> unit . . . . .	65
Glandular <i>o-f</i> unit in the neck . . . . .	65
Fasciae of the gl-cl <i>o-f</i> unit . . . . .	65
Functions of the gl-cl <i>o-f</i> unit . . . . .	66
Dysfunctions of the gl-cl <i>o-f</i> unit . . . . .	67
Treatment of the cervical tensile structure . . . . .	67
Clinical case study . . . . .	70
Chapter 7	
<b>THE THORACIC TENSILE STRUCTURE</b> . . . . .	71
Visceral <i>o-f</i> unit in the thorax . . . . .	74
Fasciae of the vi-th <i>o-f</i> unit . . . . .	74
Functions of the vi-th <i>o-f</i> unit . . . . .	74
Dysfunctions of the vi-th <i>o-f</i> unit . . . . .	76
Vascular <i>o-f</i> unit in the thorax . . . . .	76
Fasciae of the va-th <i>o-f</i> unit . . . . .	76
Functions of the va-th <i>o-f</i> unit . . . . .	77
Dysfunctions of the va-th <i>o-f</i> unit . . . . .	78

Glandular <i>o-f</i> unit in the thorax. . . . .	78	Fasciae of the <i>o-f</i> unit of statokinetics . . . . .	117
Fasciae of the gl-th <i>o-f</i> unit . . . . .	78	Functions of the <i>o-f</i> unit of statokinetics . . . . .	117
Functions of the gl-th <i>o-f</i> unit . . . . .	80	Dysfunctions of the <i>o-f</i> unit of statokinetics. . . . .	117
Dysfunctions of the gl-th <i>o-f</i> unit . . . . .	80	The <i>o-f</i> unit for olfaction. . . . .	117
Treatment of the thoracic tensile structure . . . . .	80	Fasciae of the <i>o-f</i> unit for olfaction . . . . .	117
Clinical case study . . . . .	83	Functions of the <i>o-f</i> unit for olfaction . . . . .	118
Chapter 8		Dysfunctions of the <i>o-f</i> unit for olfaction . . . . .	118
<b>THE LUMBAR TENSILE STRUCTURE</b> . . . . .	85	The <i>o-f</i> unit for taste . . . . .	119
Visceral <i>o-f</i> unit in the lumbar region . . . . .	88	Fasciae of the <i>o-f</i> unit for taste. . . . .	119
Fasciae of the vi-lu <i>o-f</i> unit . . . . .	88	Functions of the <i>o-f</i> unit for taste. . . . .	119
Functions of the vi-lu <i>o-f</i> unit . . . . .	88	Dysfunctions of the <i>o-f</i> unit for taste . . . . .	119
Dysfunctions of the vi-lu <i>o-f</i> unit. . . . .	89	Treatment of the cephalic tensile structure . . . . .	119
Vascular <i>o-f</i> unit in the lumbar region. . . . .	90	Clinical case study . . . . .	121
Fasciae of the va-lu <i>o-f</i> unit . . . . .	90	Fascial Manipulation for Internal Dysfunctions:	
Functions of the va-lu <i>o-f</i> unit . . . . .	91	indications for segmental dysfunctions . . . . .	122
Dysfunctions of the va-lu <i>o-f</i> unit . . . . .	92		
Glandular <i>o-f</i> unit in the lumbar region . . . . .	92		
Fasciae of the gl-lu <i>o-f</i> unit . . . . .	92		
Functions of the gl-lu <i>o-f</i> unit . . . . .	93		
Dysfunctions of the gl-lu <i>o-f</i> unit. . . . .	93		
Treatment of the lumbar tensile structure . . . . .	94		
Clinical case study . . . . .	96		
Chapter 9			
<b>THE PELVIC TENSILE STRUCTURE</b> . . . . .	97		
Visceral <i>o-f</i> unit in the pelvis . . . . .	100		
Fasciae of the vi-pv <i>o-f</i> unit. . . . .	100		
Functions of the vi-pv <i>o-f</i> unit . . . . .	101		
Dysfunctions of the vi-pv <i>o-f</i> unit . . . . .	102		
Vascular <i>o-f</i> unit in the pelvis . . . . .	103		
Fasciae of the va-pv <i>o-f</i> unit . . . . .	103		
Functions of the va-pv <i>o-f</i> unit. . . . .	103		
Dysfunctions of the va-pv <i>o-f</i> unit. . . . .	104		
Glandular <i>o-f</i> unit in the pelvis . . . . .	104		
Fasciae of the gl-pv <i>o-f</i> unit. . . . .	104		
Functions of the gl-pv <i>o-f</i> unit. . . . .	106		
Dysfunctions of the gl-lu <i>o-f</i> unit. . . . .	106		
Treatment of the pelvic tensile structure. . . . .	107		
Clinical case study . . . . .	109		
Chapter 10			
<b>THE CEPHALIC TENSILE STRUCTURE</b> . . . . .	111		
The <i>o-f</i> unit for sight. . . . .	114		
Fasciae of the <i>o-f</i> unit for sight . . . . .	114		
Functions of the <i>o-f</i> unit for sight . . . . .	114		
Dysfunctions of the <i>o-f</i> unit for sight. . . . .	115		
The <i>o-f</i> unit of stereopsis. . . . .	115		
Fasciae of the <i>o-f</i> unit of stereopsis . . . . .	115		
Functions of the <i>o-f</i> unit of stereopsis . . . . .	115		
Dysfunctions of the <i>o-f</i> unit of stereopsis . . . . .	115		
The <i>o-f</i> unit for hearing. . . . .	116		
Fasciae of the <i>o-f</i> unit for hearing . . . . .	116		
Functions of the <i>o-f</i> unit for hearing . . . . .	117		
Dysfunctions of the <i>o-f</i> unit for hearing. . . . .	117		
The <i>o-f</i> unit of statokinetics . . . . .	117		
		<b>Part II</b>	
		<b>THE APPARATUS-FASCIAL SEQUENCES</b>	
		Chapter 11	
		<b>ANATOMY OF THE APPARATUS-FASCIAL</b>	
		<b>SEQUENCES</b> . . . . .	125
		Sequences and tensors . . . . .	125
		The apparatus-fascial sequences . . . . .	128
		Visceral sequence . . . . .	128
		Vascular sequence . . . . .	130
		Glandular sequence. . . . .	131
		Receptor sequence . . . . .	134
		Chapter 12	
		<b>EVOLUTION OF THE APPARATUS-FASCIAL</b>	
		<b>SEQUENCES</b> . . . . .	137
		Apparatus-fascial sequences and nerves	
		from CNS. . . . .	137
		Evolution of the three internal	
		fascial sequences. . . . .	140
		Evolution of the septum transversum . . . . .	141
		Evolution of the three autonomic systems . . . . .	143
		Parasympathetic system. . . . .	144
		Orthosympathetic system. . . . .	144
		Adenosympathetic system . . . . .	145
		Chapter 13	
		<b>CATENARIES AND DISTAL TENSORS</b> . . . . .	149
		Physiology of the internal fascial sequences . . . . .	149
		The catenary . . . . .	152
		Catenaries and tensile structures of the trunk . . . . .	153
		Catenaries and distal tensors. . . . .	155
		Semiconductors and Piezoelectricity. . . . .	157
		The assessment chart for the apparatus. . . . .	158
		Chapter 14	
		<b>DISTAL REFERRED PAIN</b> . . . . .	161
		From segmental to multisegmental pain . . . . .	161



Chapter 21	The cutaneous system and the
<b>THE QUADRANTS OF THE SUPERFICIAL</b>	peripheral nervous system (PNS) . . . . . 286
<b>FASCIA</b> . . . . . 249	Functions of the cutaneous system . . . . . 286
The superficial fascia . . . . . 249	Dysfunctions of the cutaneous system . . . . . 288
The quadrants . . . . . 252	The thermoregulatory system . . . . . 289
Transverse retinacula of the	Functions of the thermoregulatory system . . 289
superficial fascia . . . . . 252	Dysfunctions of the thermoregulatory system . 289
Longitudinal retinacula of the	Treatment of the SCT and PNS . . . . . 290
superficial fascia . . . . . 254	Clinical case study . . . . . 297
The quadrants of the superficial fascia . . . . 255	
The Assessment Chart for the systems . . . . . 257	Chapter 25
Compilation of the Assessment Chart	<b>NEURO-PSYCHOGENIC SYSTEM</b> . . . . . 299
for the systems . . . . . 259	Reactions of the nervous and psychogenic
History taking and Data . . . . . 259	systems to stress . . . . . 299
Hypothesis . . . . . 260	The central nervous system (CNS) . . . . . 302
Palpation verification . . . . . 260	Functions of the central nervous system . . . 302
Treatment . . . . . 260	Dysfunctions of the central nervous system 302
	Treatment of the CNS . . . . . 303
Chapter 22	History taking and Data . . . . . 303
<b>THE LYMPHATIC-IMMUNE SYSTEM</b> . . . 261	Hypothesis . . . . . 303
The lymphatic-immune system (SLI)	Verification . . . . . 303
and stress . . . . . 261	Treatment . . . . . 304
The lymphatic system . . . . . 264	The psychogenic system . . . . . 305
Functions of the lymphatic system . . . . . 264	Functions of the psychogenic system . . . . 306
Dysfunctions of the lymphatic system . . . . 264	Dysfunctions of the psychogenic system . . . 307
The immune system . . . . . 265	Treatment of the SPS . . . . . 308
Functions of the immune system . . . . . 266	History taking and Data . . . . . 308
Dysfunctions of the immune system . . . . . 267	Hypothesis . . . . . 308
Treatment of the SLI . . . . . 267	Palpation verification . . . . . 308
Manipulation of the Immune System . . . . . 268	Treatment . . . . . 309
Mobilisation of the lymphatic system . . . . 270	Clinical case studies . . . . . 311
Clinical case study . . . . . 271	Fascial Manipulation for Internal Dysfunctions:
	indications for systemic dysfunctions . . . . 312
Chapter 23	
<b>THE ADIPOSE-METABOLIC SYSTEM</b> . . 273	Chapter 26
The adipose-metabolic system (SAM)	<b>SYNOPTIC TABLES</b> . . . . . 313
and stress . . . . . 273	
The adipose system . . . . . 276	<b>Conclusion</b> . . . . . 327
Functions of the adipose system . . . . . 276	<b>Glossary</b> . . . . . 329
Dysfunctions of the adipose system . . . . . 276	<b>References</b> . . . . . 331
The metabolic system . . . . . 278	<b>Index</b> . . . . . 335
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	
<b>THE CUTANEOUS-THERMOREGULATORY</b>	
<b>SYSTEM</b> . . . . . 283	
The cutaneous- thermoregulatory system (SCT)	
and stress . . . . . 283	