

15/16
OTTOBRE
2022

FASCIA

anatomia, valutazione e trattamento

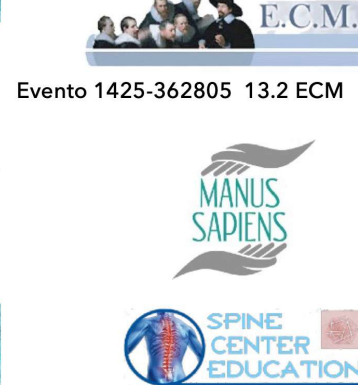


Evento 1425-362805 13.2 ECM



TERAPIA NEURALE FASCIALE

dott. Michele Acanfora | medico chirurgo



- * **la integrazione neuro-fasciale**
- * **la fascia come input e output autonomico**
- * **la dis-regolazione biomeccanica e bioelettrica**
- * **l'approccio della Terapia Neurale**

Fino a qualche tempo fa si pensava che il tessuto fasciale fosse un materiale di rivestimento **inerte, con funzioni puramente **meccaniche** o di **protezione**.**







**ma è sorta una
nuova
comprensione della
fascia, in quanto
sistema adattativo e
informativo**

la fascia è innervata



OPEN ACCESS

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Nobuhiro Watanabe,
Tokyo Metropolitan Institute of
Gerontology, Japan

*CORRESPONDENCE

Caterina Fede
caterina.fede@unipd.it

Innervation of human superficial fascia

Caterina Fede^{1*}, Lucia Petrelli¹, Carmelo Pirri¹,
Winfried Neuhuber², Cesare Tiengo³, Carlo Biz⁴,
Raffaele De Caro¹, Robert Schleip⁵ and Carla Stecco¹

¹Department of Neurosciences, Institute of Human Anatomy, University of Padua, Padua, Italy,

²Institute of Anatomy and Cell Biology, Friedrich-Alexander-University of Erlangen-Nürnberg, Erlangen, Germany, ³Plastic and Reconstructive Surgery Unit, University of Padua, Padua, Italy,

⁴Orthopedics and Orthopedic Oncology, Department of Surgery, Oncology and Gastroenterology DiSCOG, University of Padua, Padua, Italy, ⁵Department of Sport and Health Sciences, Technical University of Munich, Munich, Germany

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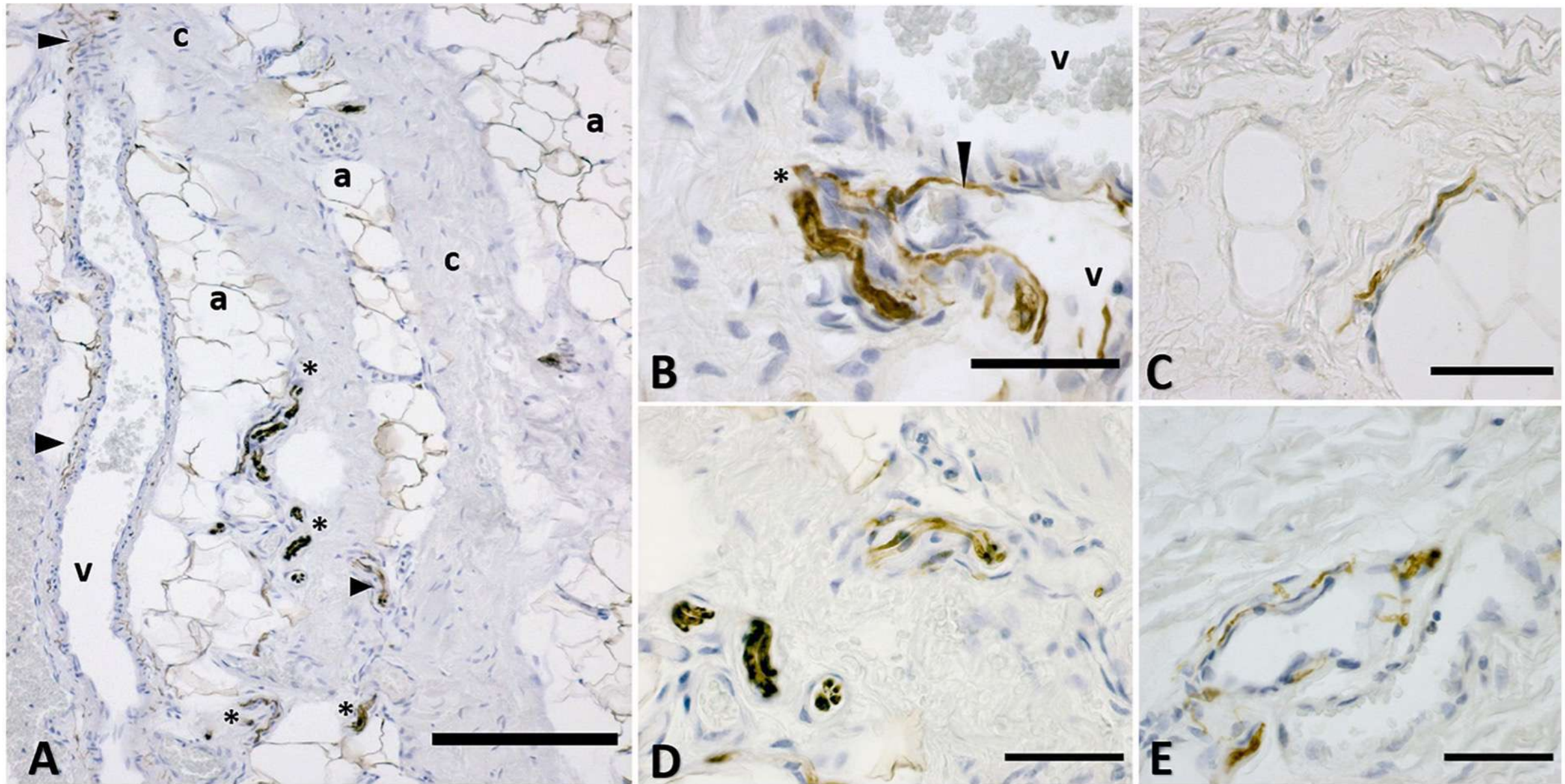


FIGURE 2

Distribution of the innervation in superficial fascia: immunohistochemistry by S100 antibody. **(A)** The connective tissue (c) is crossed by blood vessels (v) and interconnected with areas rich in adipocytes (a). Nervous structures (*indicates big nerves, arrowheads indicate thin nerve fibers) are evident between the collagen fibers, near the adipocytes and in the wall of blood vessels. **(B)** A nerve (*) and thin nerve fibers (arrow) close to two blood vessels (v). **(C)** Innervation between the adipocytes area. **(D)** Nerves crossing the fibrous connective tissue of the SF. **(E)** Innervation of the wall of a blood vessel supplying the SF. a, adipocyte; v, vessel; c, connective tissue; *, nerve. Arrowheads indicate small nerve fibers. Scale Bars: **(A)** = 200 μ m, **(B–E)** = 50 μ m.

Evidence of a new hidden neural network into deep fasciae

Caterina Fede^{1,2}✉, Lucia Petrelli^{1,2}, Diego Guidolin¹, Andrea Porzionato¹, Carmelo Pirri¹, Chenglei Fan¹, Raffaele De Caro¹ & Carla Stecco¹

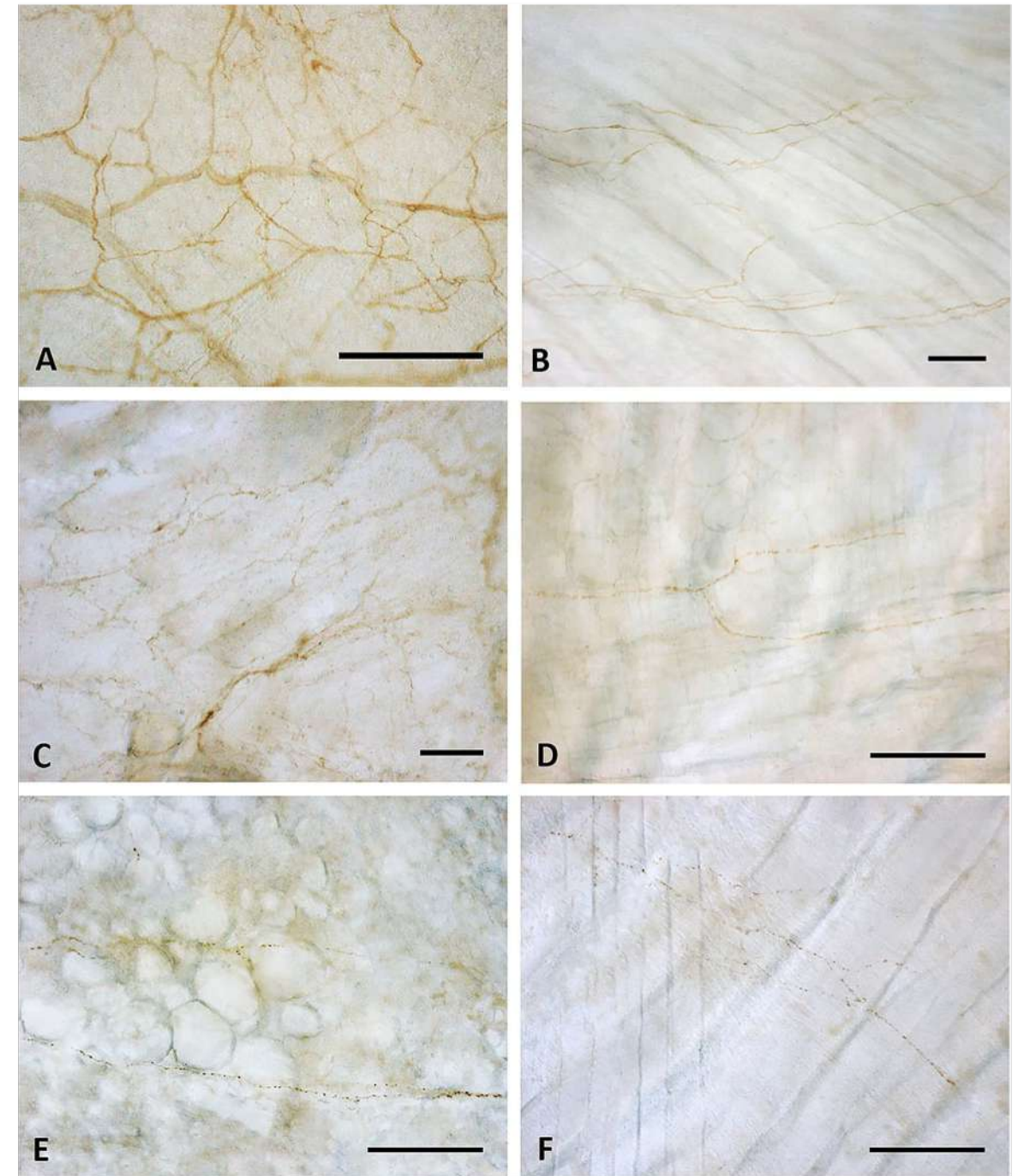
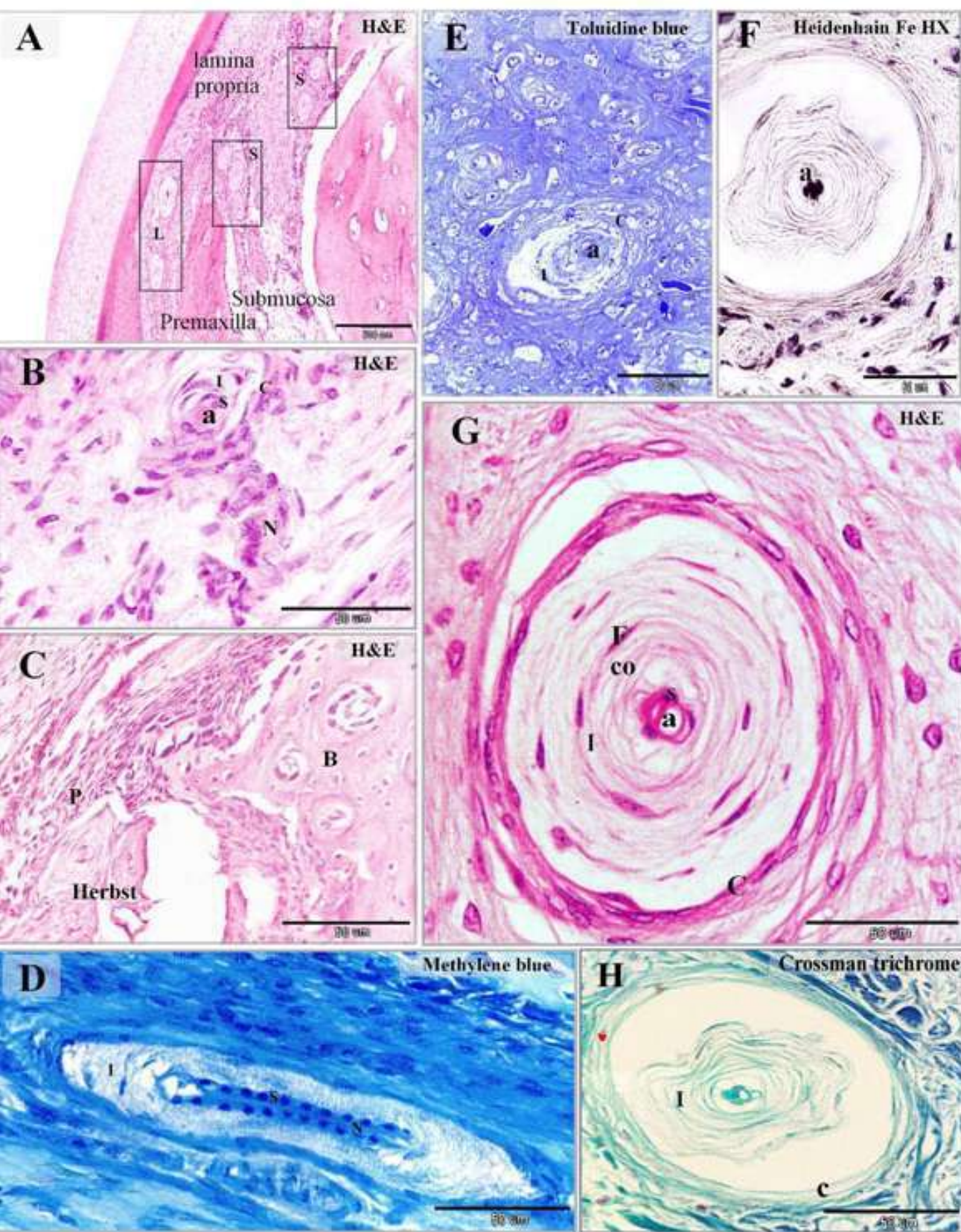
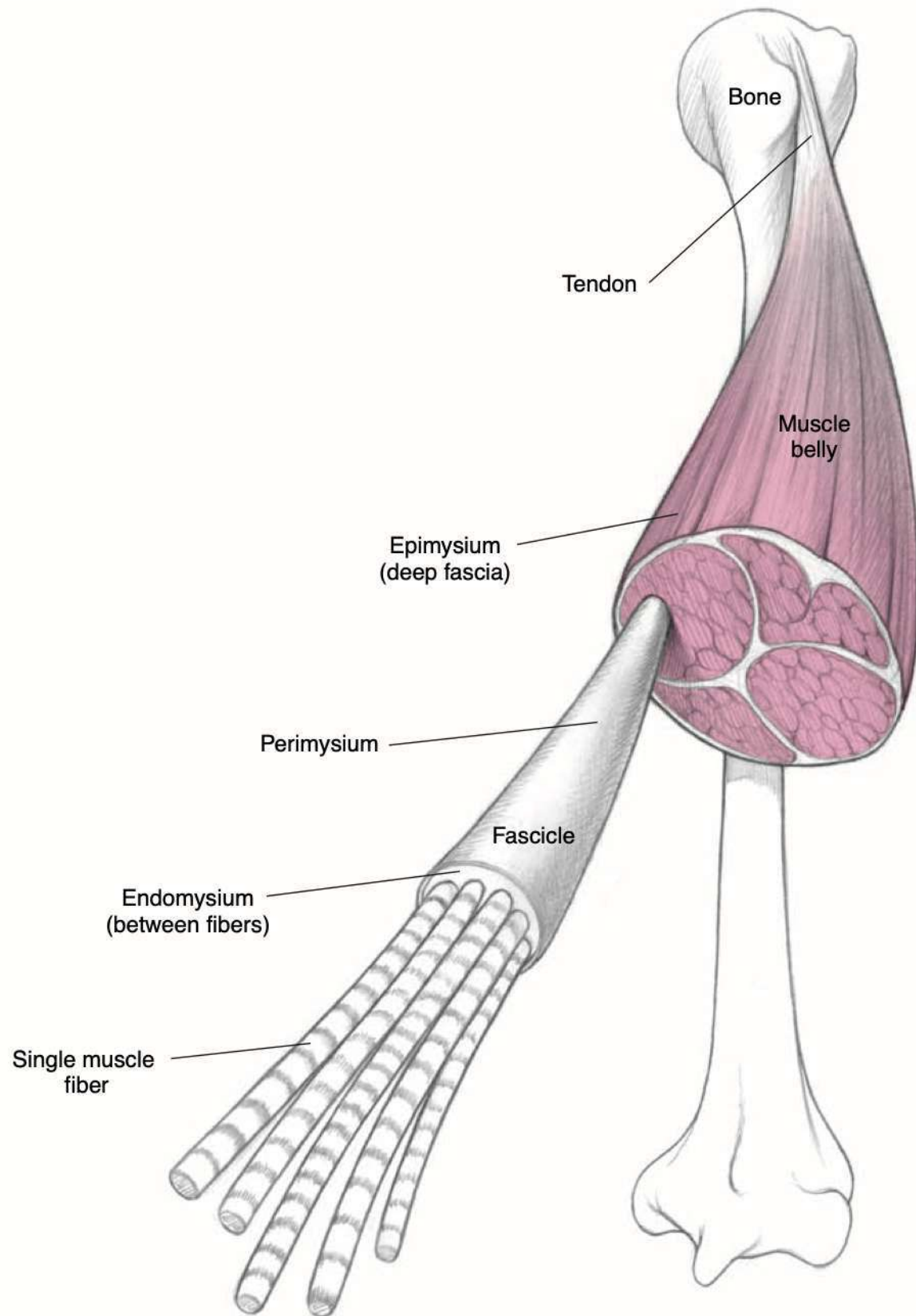


Figure 4. Innervation of thoracolumbar and gluteal fascia: Thoracolumbar fascia (A,C,E) and gluteal fascia (B,D,F) samples stained with S100 (A,B), PGP 9.5 (C,D) and Tyrosine Hydroxylase (E,F) antibodies. Scale bars: 100 μ m.



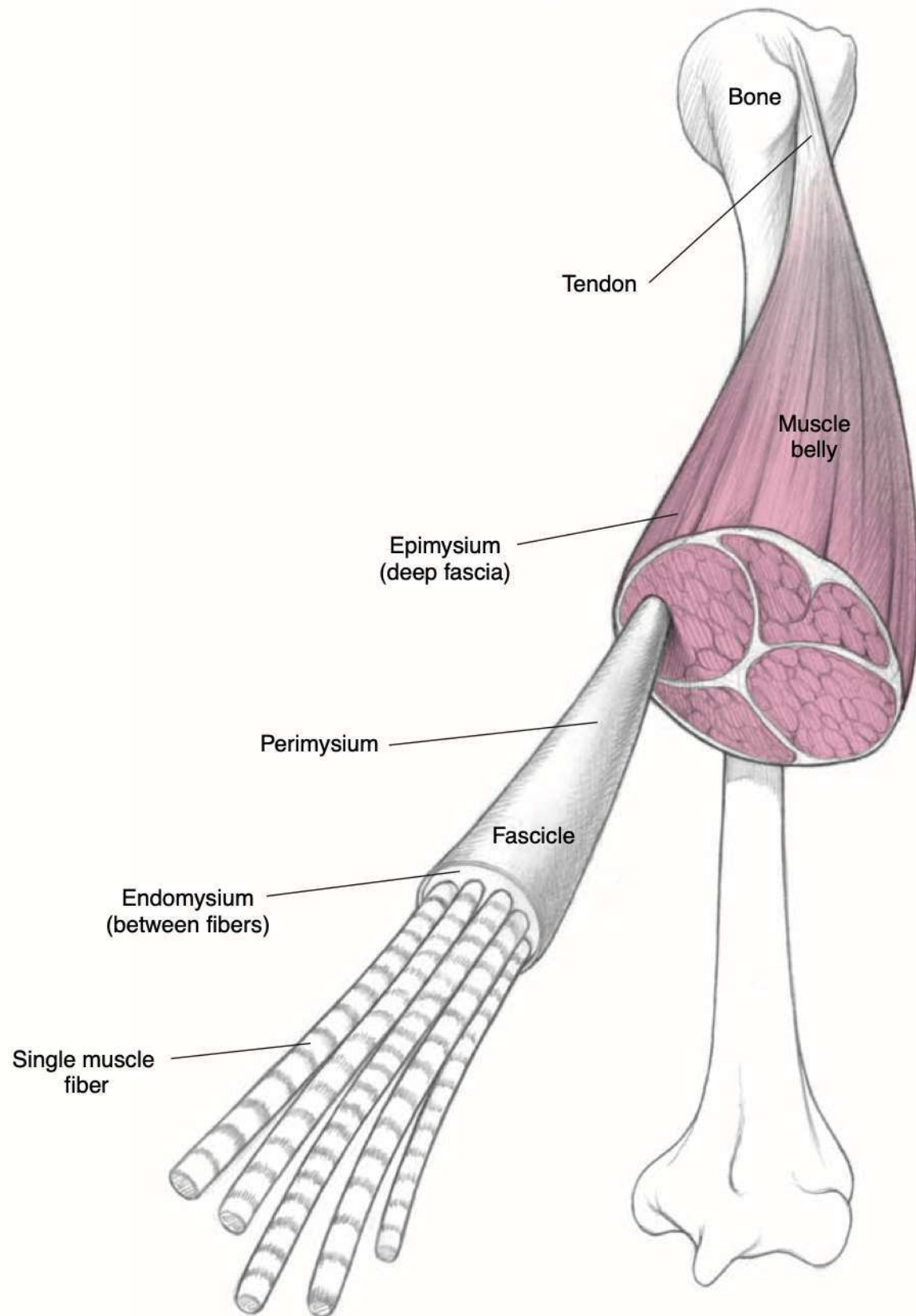
la fascia ospita una enorme quantità di **meccanocettori**, come i recettori del Golgi e i corpuscoli di Pacini e Ruffini, da cui partono fibre **afferenti**

A livello miofasciale
il numero dei **neuroni
sensitivi** è 3 volte
quello dei neuroni
motori.



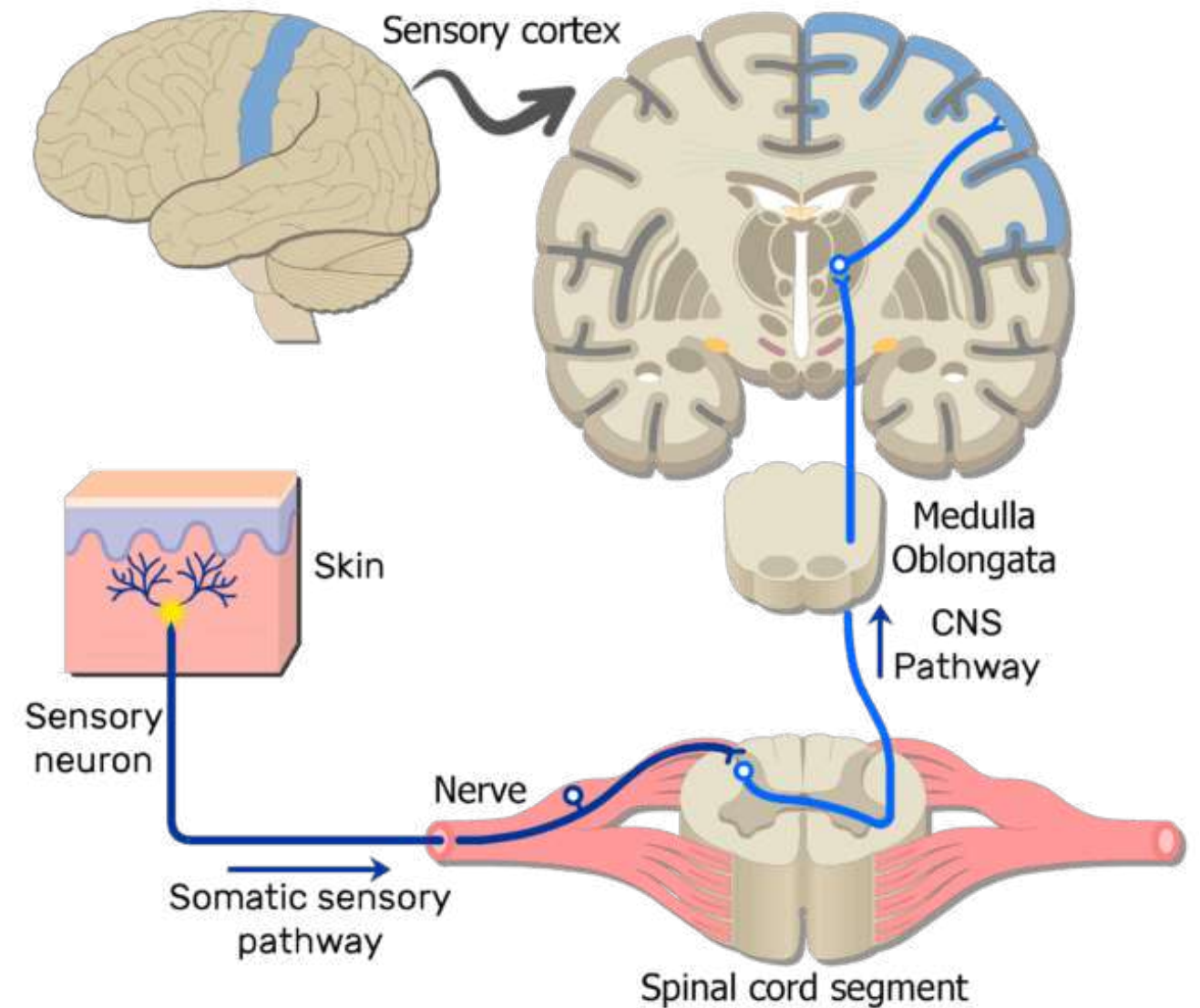
every layer of muscle is surrounded by fascia.

E, ancora più importante, ci sono almeno 6 volte più **recettori sensoriali** nei tessuti fasciali che nei muscoli.



every layer of muscle is surrounded by fascia.

I meccanoceettori afferiscono al Sistema Nervoso Centrale



e al Sistema Nervoso Autonomo

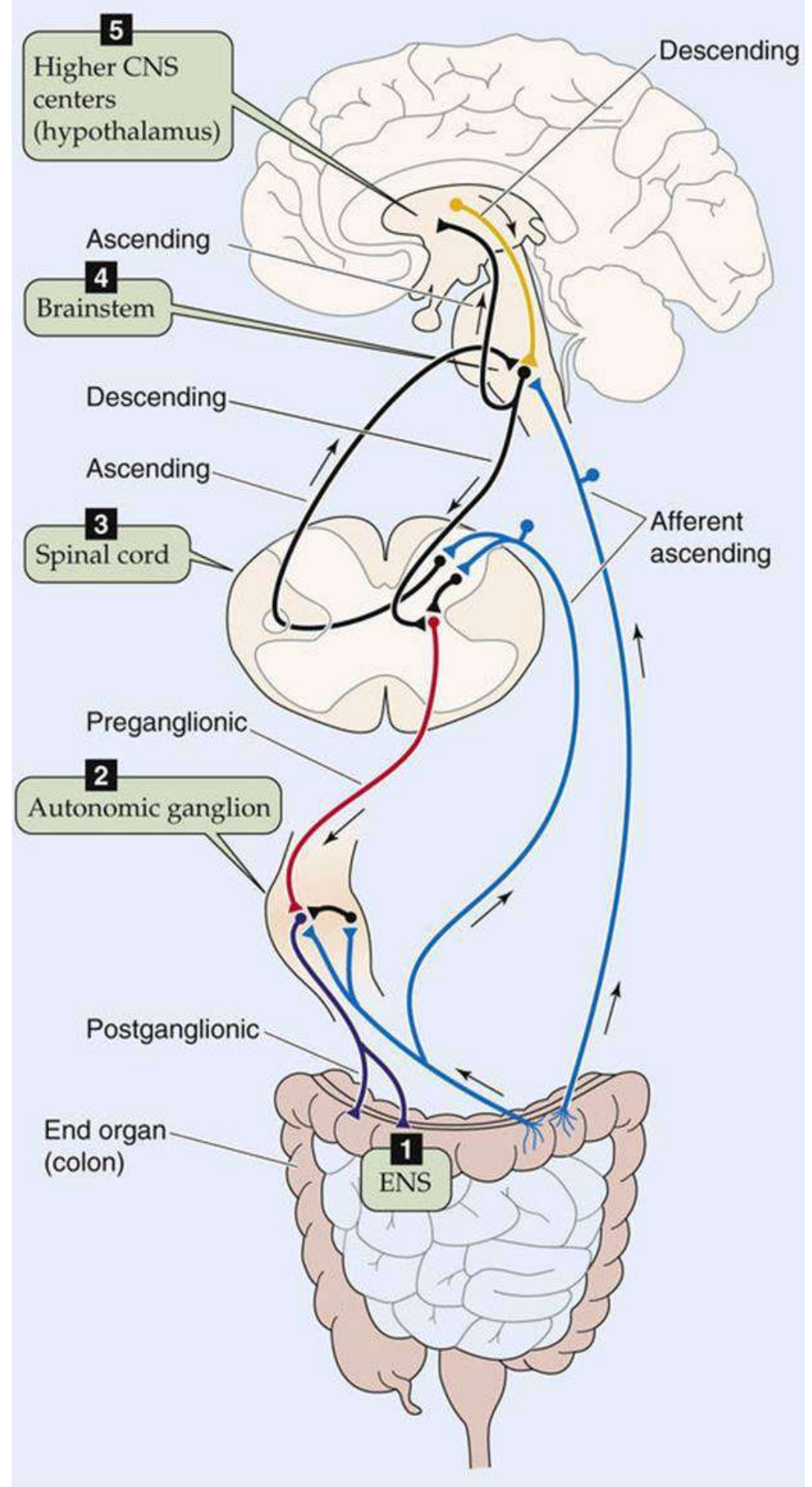
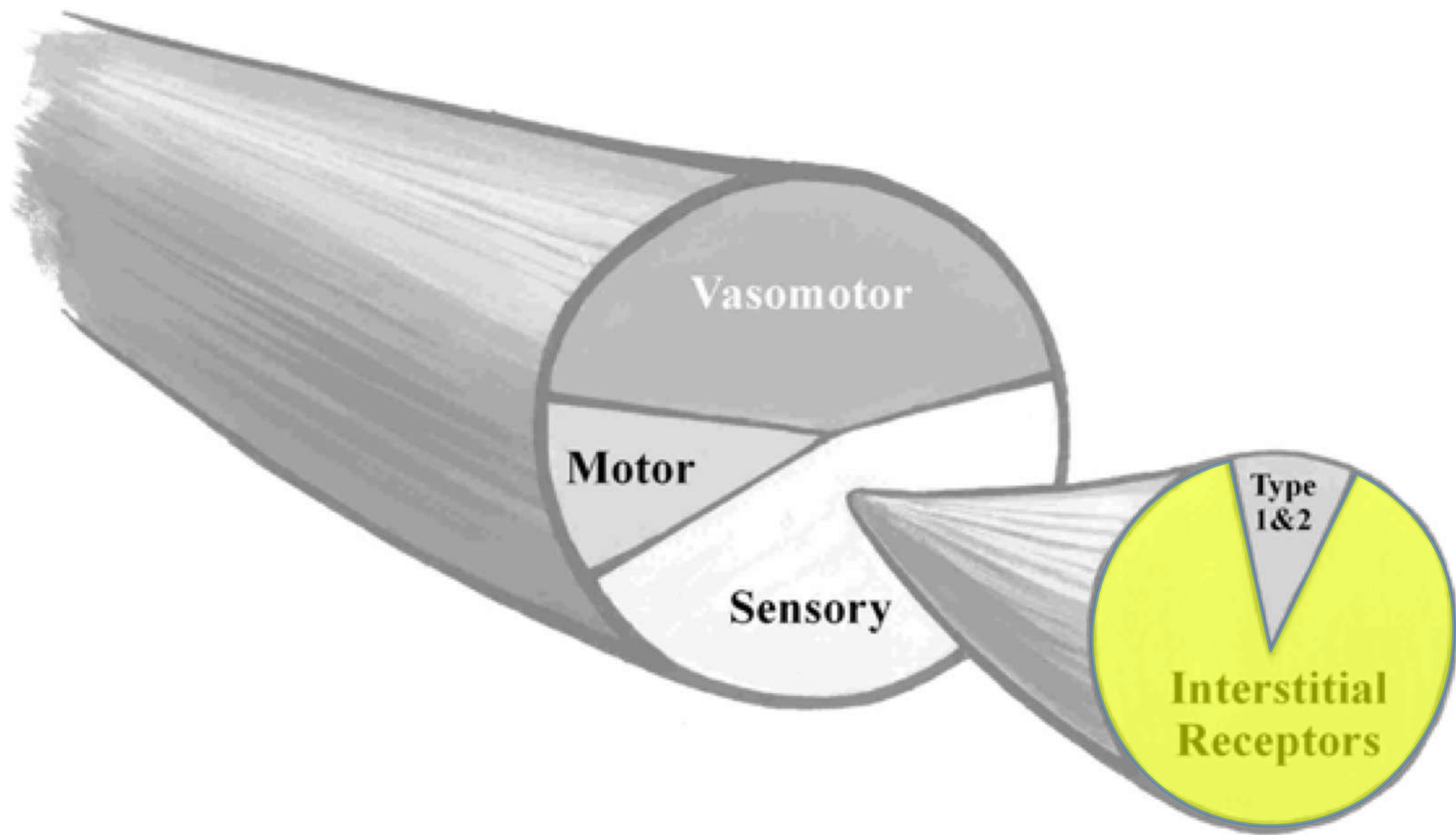


Table 4-1 Various Types of Mechanoreceptors in Fascia

	Location	Modality of Sensation	Stimulation Effects
Pacinian corpuscle (type II)	Myotendinous junctions, deep capsular layers, spinal ligaments, investing muscular tissues	Deep pressure (rapid), vibration	Used as proprioceptive feedback for movement control (kinesthesia)
Ruffini (type II)	Ligaments of peripheral joints, dura mater, outer capsular layers, and tissues associated with stretching	Sustained pressure (location and intensity), tangential forces (lateral stretch)	Inhibition of sympathetic activity
Golgi (type Ib)	Myotendinous junctions, attachment areas of aponeurosis, ligaments of peripheral joints, joint capsules	Golgi tendon organ (tension, <i>not</i> length), other Golgi receptors (strong stretch only)	Decreases tonus in related striated muscles
Interstitial (types III and IV)	Most abundant receptor type (found practically everywhere), highest density in periosteum	Pressure (both rapid <i>and</i> sustained)	Changes in vasodilation and plasma extravasation



Schleip R 2003: Fascial plasticity – a new neurobiological explanation. Journal of Bodywork and Movement

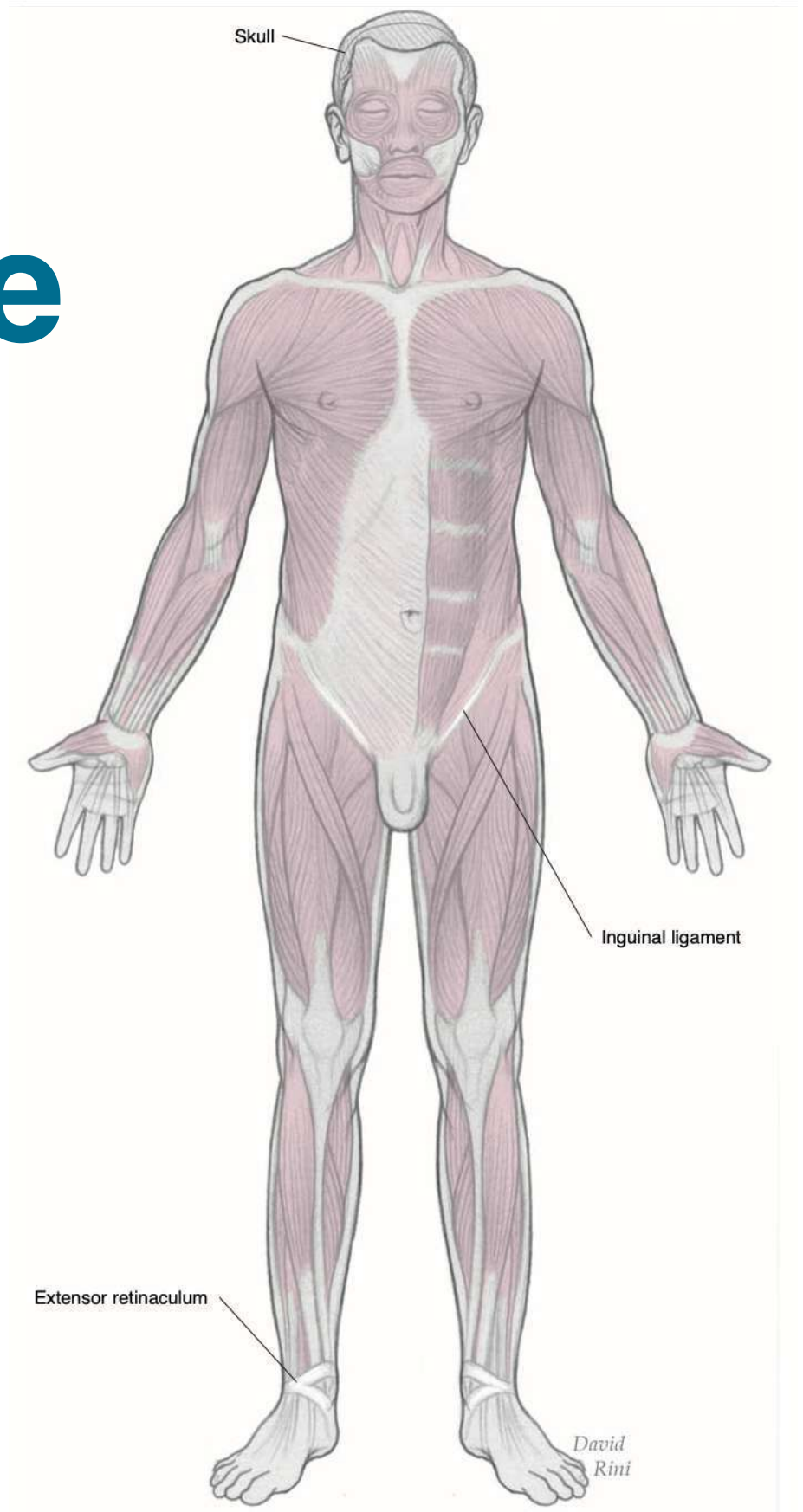
Tipo III e tipo IV - Recettori interstiziali

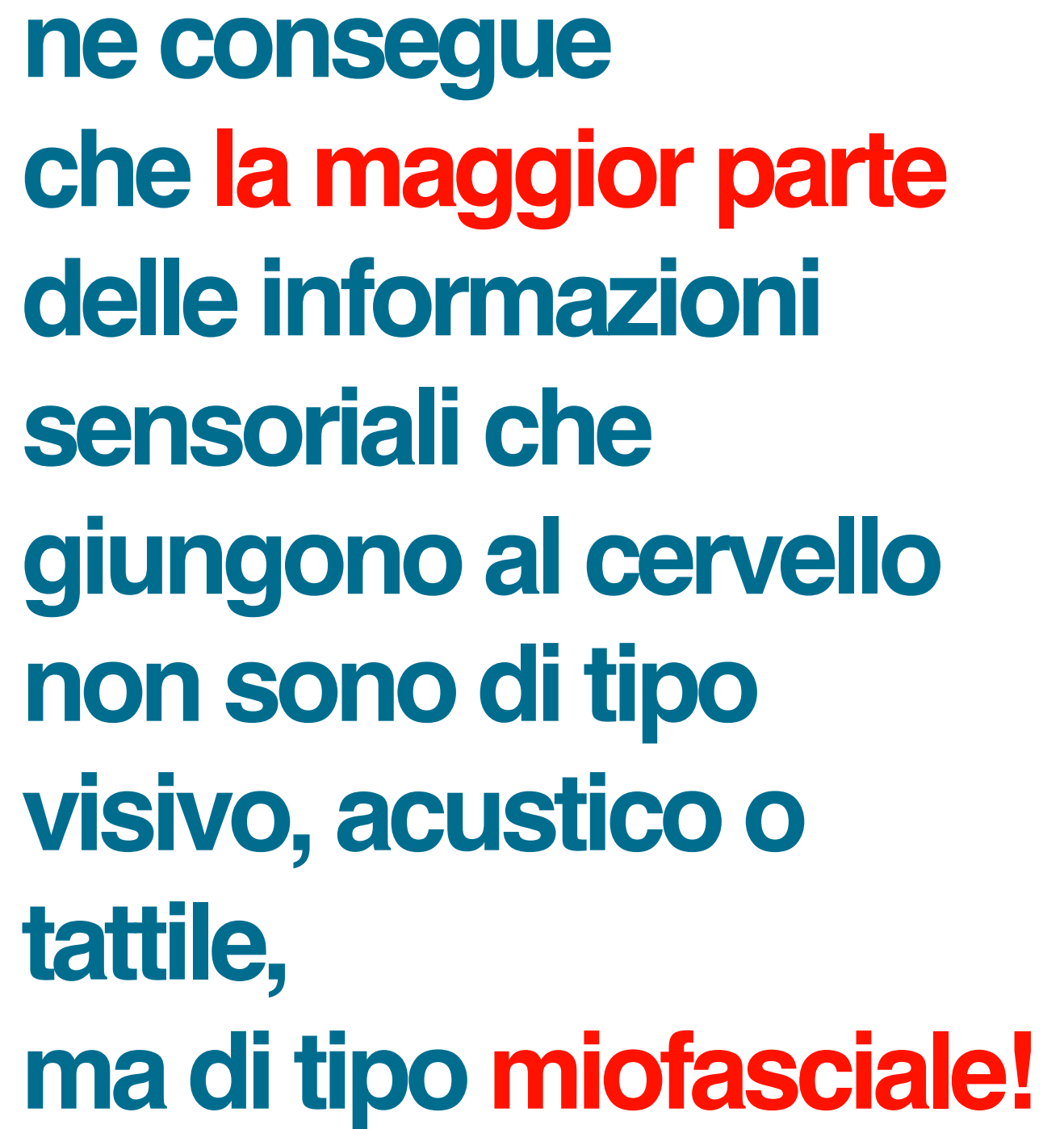
- * la tipologia recettoriale più abbondante
- * ubiquitari, presenti anche nel periostio
- * responsabili dell'80 % delle informazioni dalla periferia al SNC
- * questi input afferenti inducono il SNA a modificare il tono vasale nelle arteriole e nei capillari
- * come pure la permeabilità vasale, la fluidodinamica e la viscosità della Matrice Extracellulare (ECM)

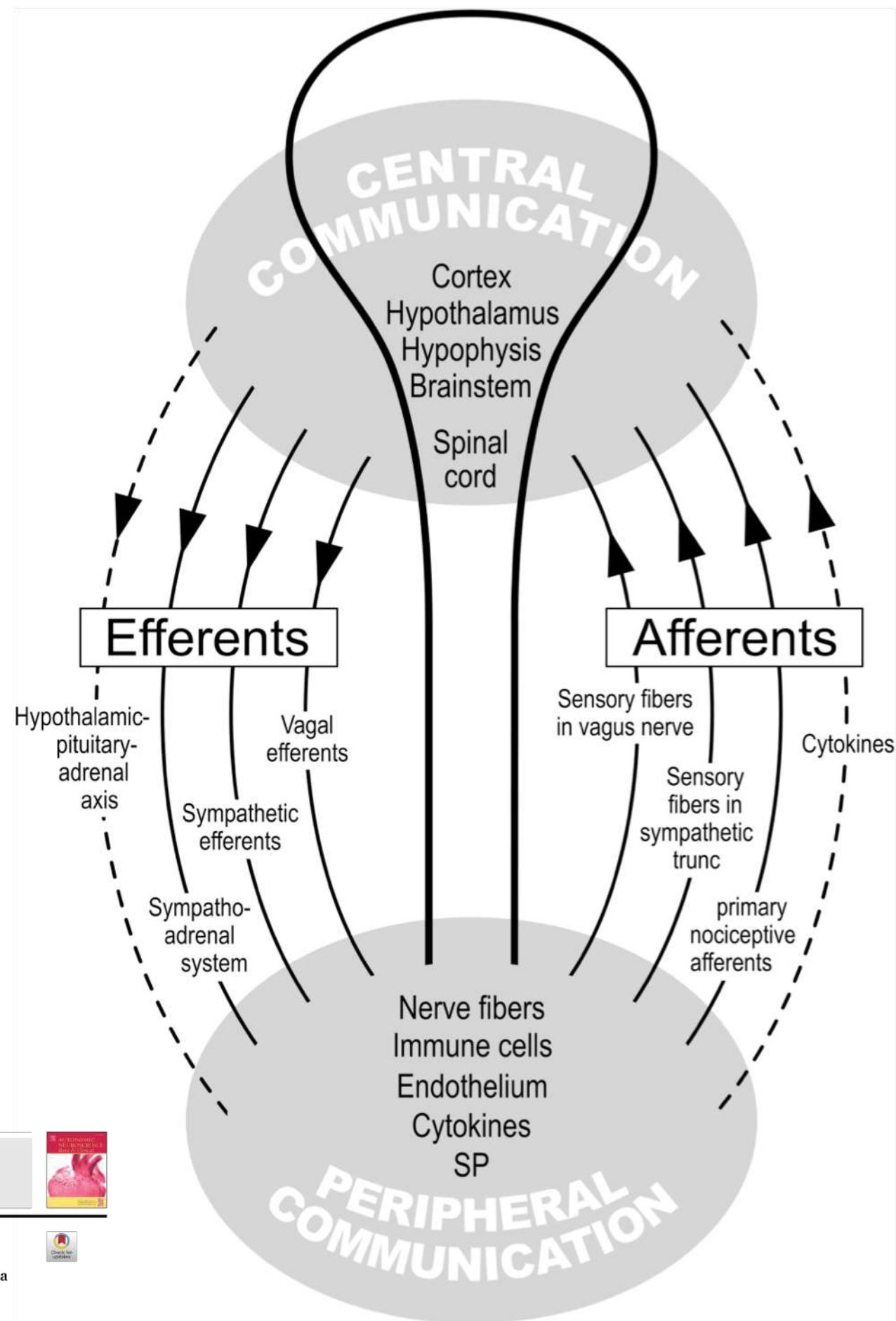
Si calcola che il numero delle terminazioni nervose a livello fasciale sia di **250 milioni**.
A livello cutaneo invece siamo sui **200 milioni**.



Questo suggerisce
che il sistema fasciale
sia **il più grande**
apparato sensoriale
del corpo.







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Autonomic Neuroscience: Basic and Clinical

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Review

Regulation of acute reflectory hyperinflammation in viral and other diseases by means of stellate ganglion block. A conceptual view with a focus on Covid-19

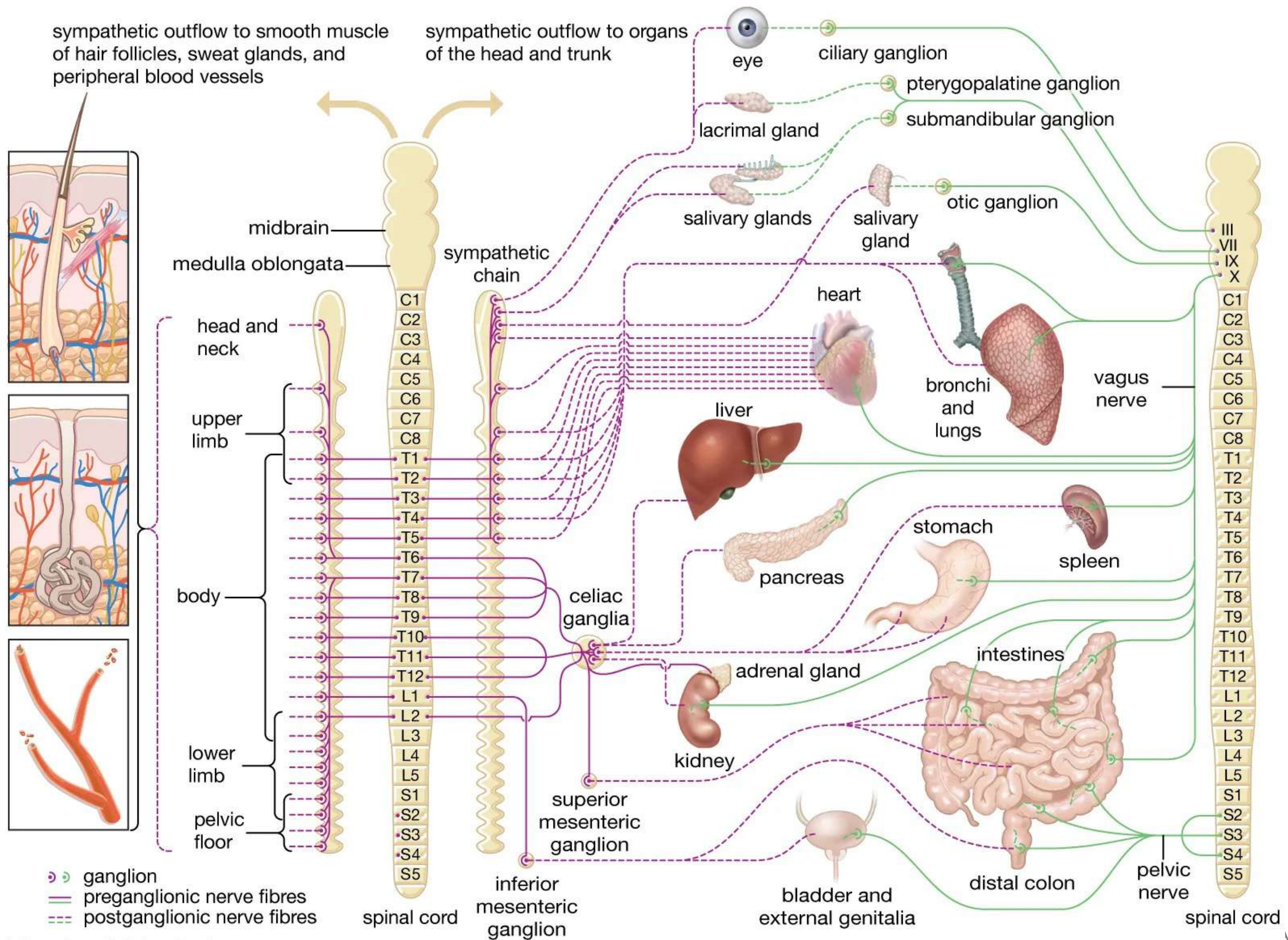
Lorenz Fischer^{a,*}, Hans Barop^b, Sabina Maria Ludin^c, Hans-Georg Schaible^d

la relazione
neuro-fasciale
è a senso unico,
quindi di sola
meccanotrasduzione?

**la fascia ospita
non solo fibre
afferenti,
ma anche efferenti**

Sympathetic nervous system

Parasympathetic nervous system



infatti fibre
colinergiche e
adrenergiche
formano nella fascia
fittissimi plessi
nervosi

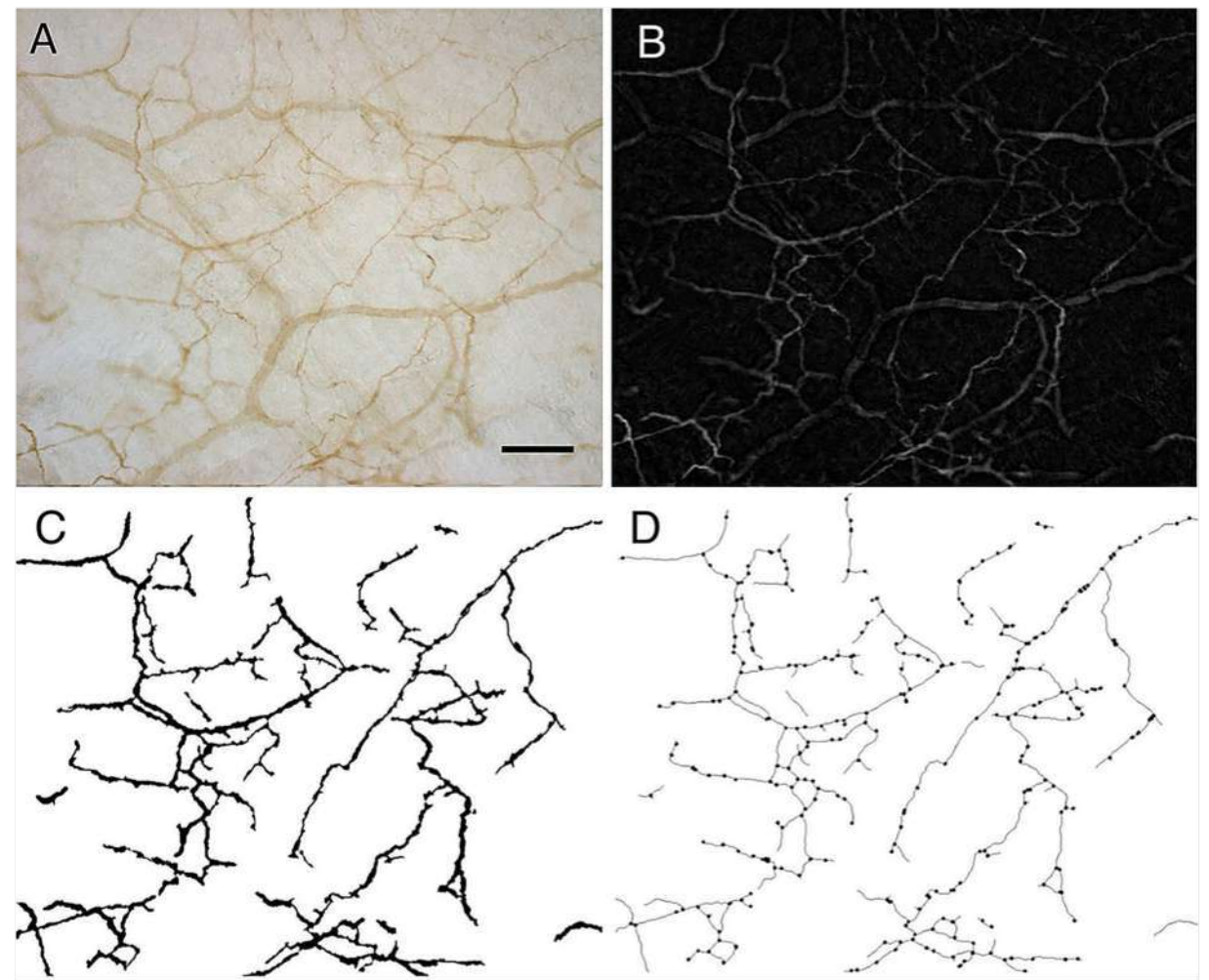


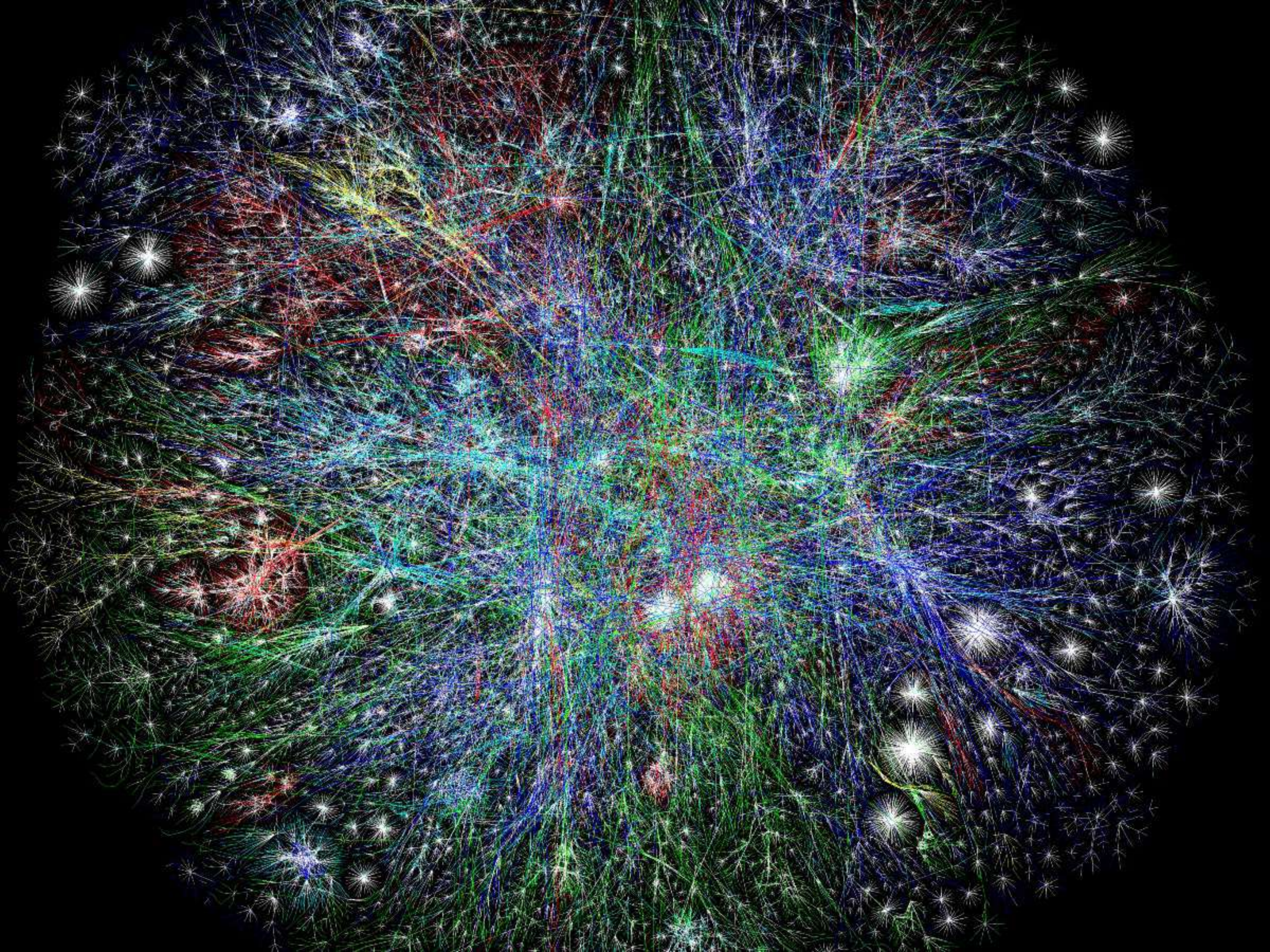
Figure 10. Images processing and morphometric analysis of the pattern of nerve fibers: (A) original picture of one S100 reaction; (B) top-hat filter applied in picture A to enhance the contrast; (C) binary image of nerve network; (D) final binary skeleton derived from picture C and identification of the branching points. Scale bar: 100 µm.

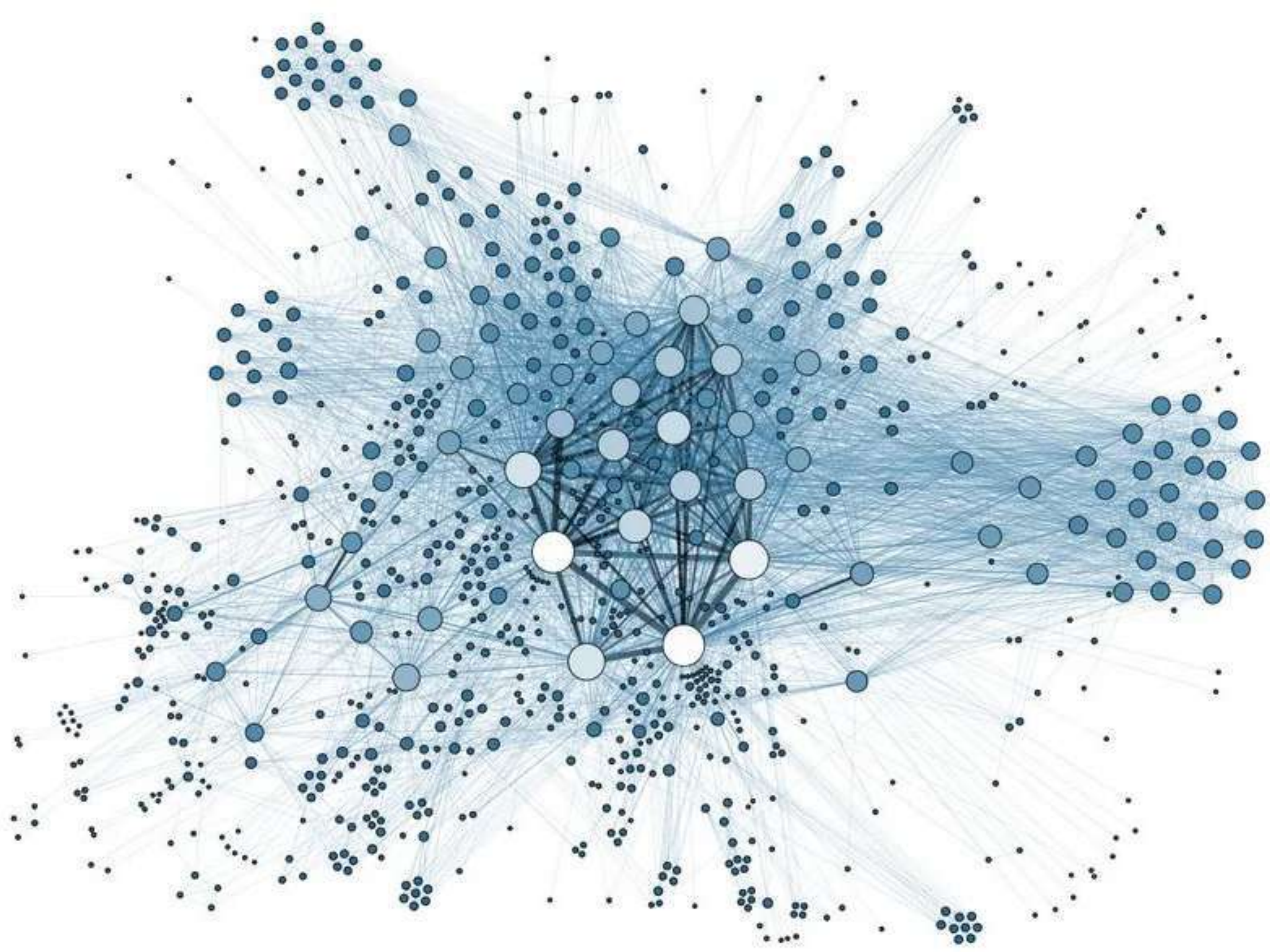
Evidence of a new hidden neural network into deep fasciae

Caterina Fede^{1,2,3}, Lucia Petrelli^{1,2}, Diego Guidolin¹, Andrea Porzionato¹, Carmelo Pirri¹, Chenglei Fan¹, Raffaele De Caro¹ & Carla Stecco¹









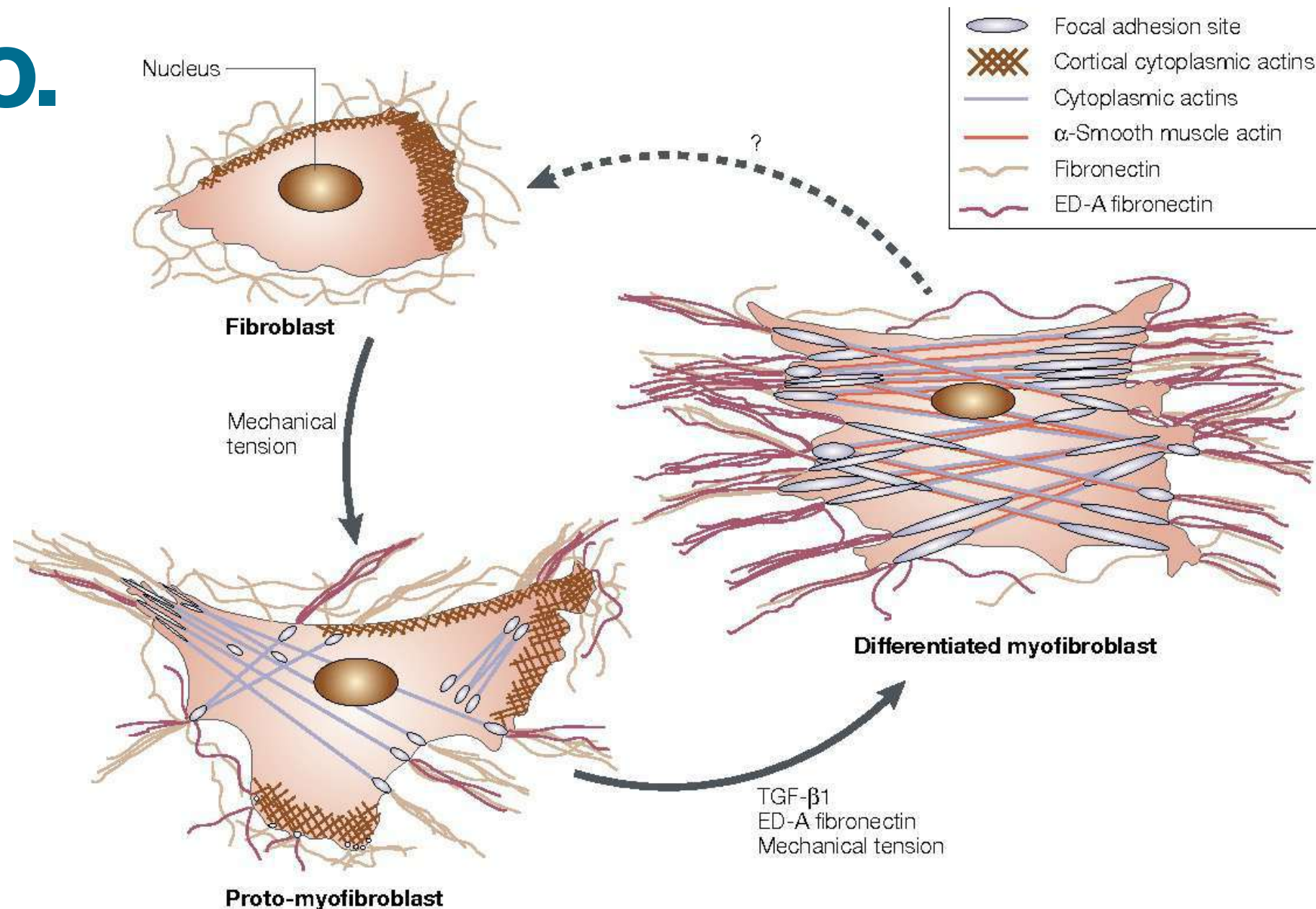
in quanto
network informazionale,
la fascia ha proprietà di

trasmettere informazione
(comunicazione)

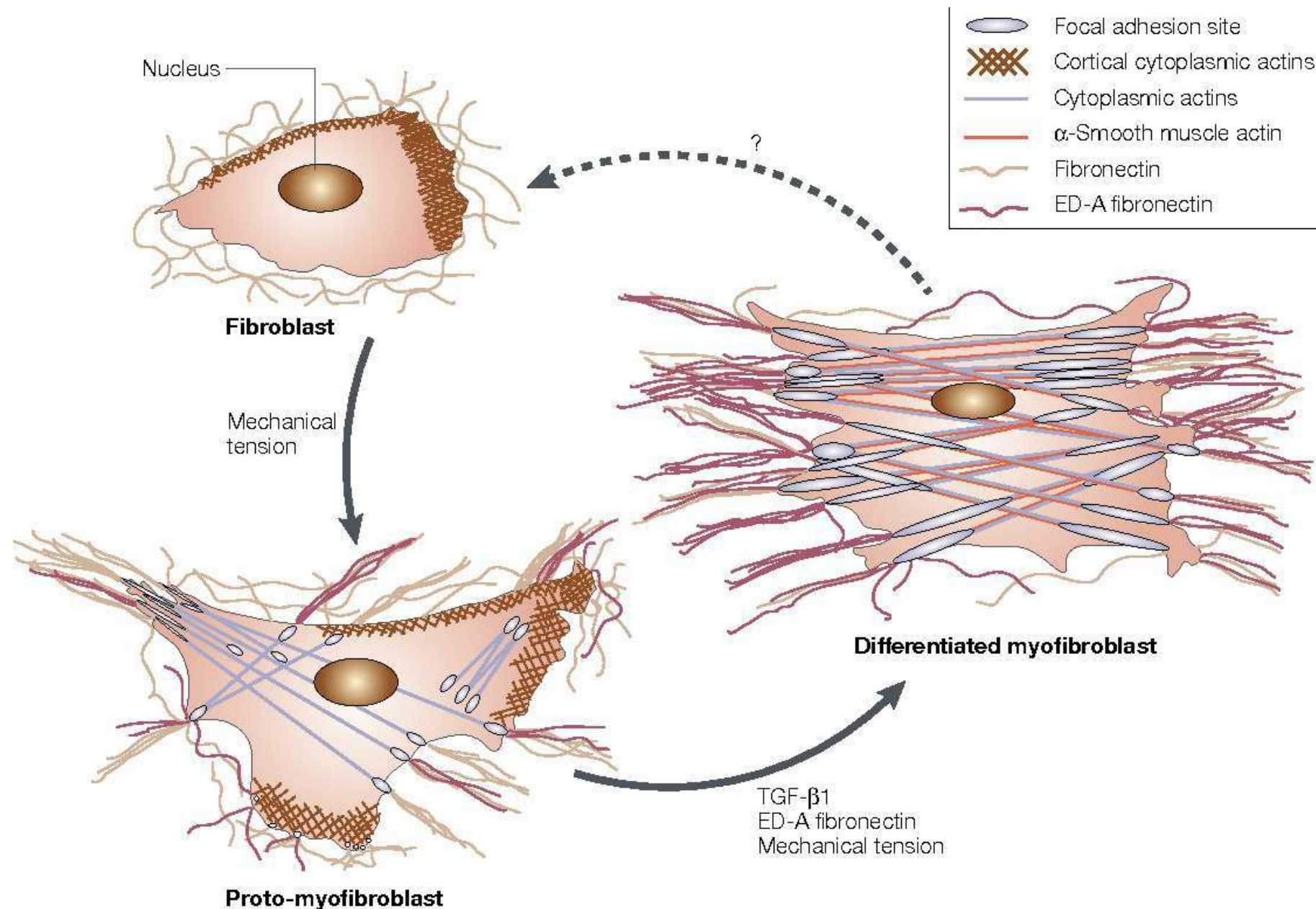
conservare informazione
(memoria)

**Il fenomeno della
memoria fasciale
deriva dalle
capacità adattative e
plastiche della fascia.
Ma non solo...**

La **plasticità** della fascia si basa sulla **contrazione dei miofibroblasti**, che sono regolati dal **carico meccanico del tessuto**.

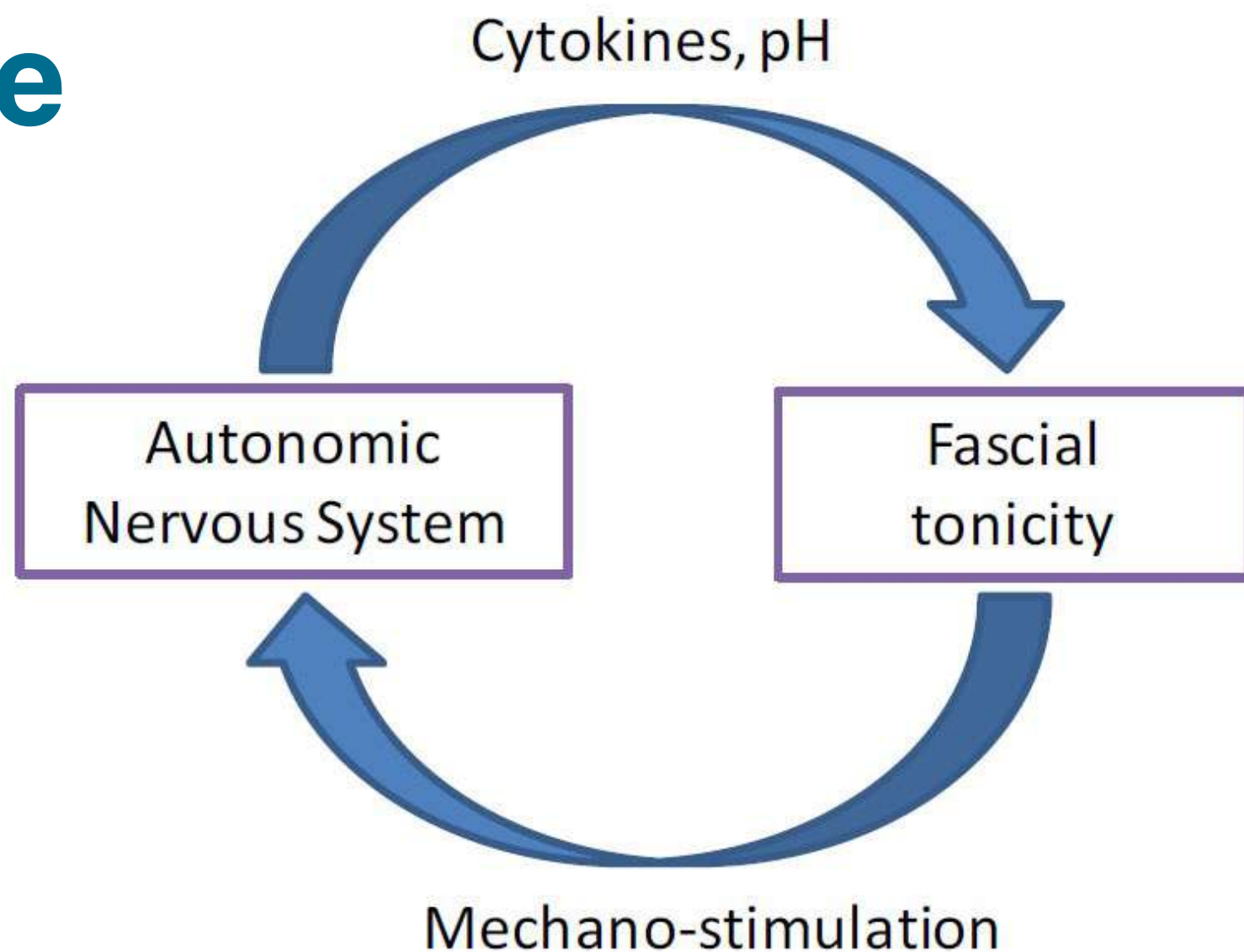


Questa attività contrattile crea un **tono fasciale** che stimola il **Sistema Nervoso Autonomo**, che a sua volta regola la **differenziazione miofibroblastica** e la stessa **attività contrattile**.



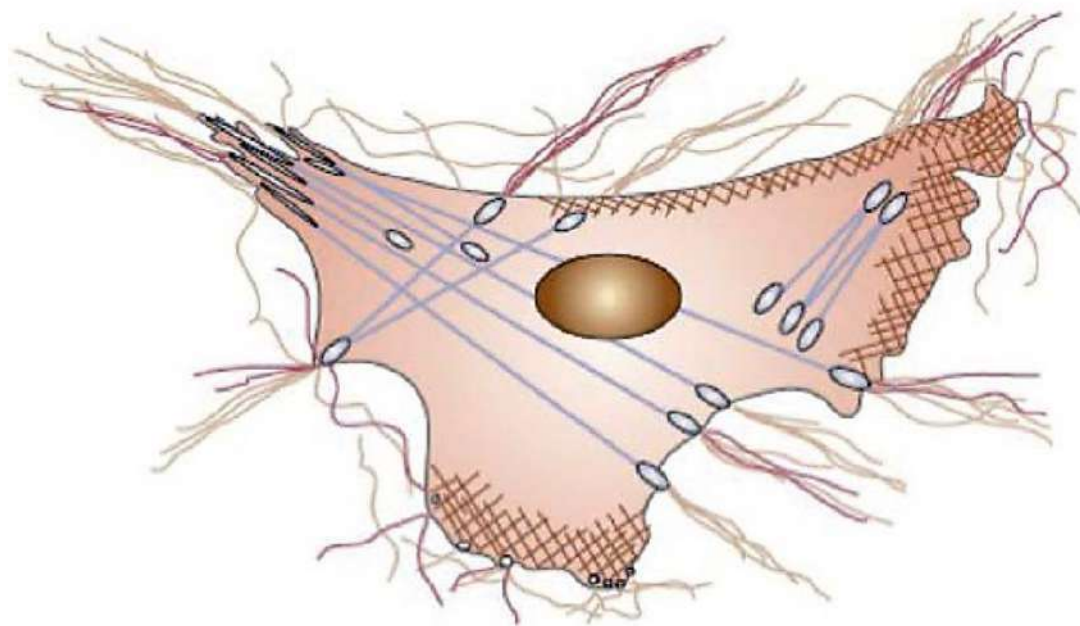
SNA E TONICITÀ FASCIALE

l'attività del simpatico induce upregulation della **citochina TGF- β 1**, che stimola la contrazione dei miofibroblasti

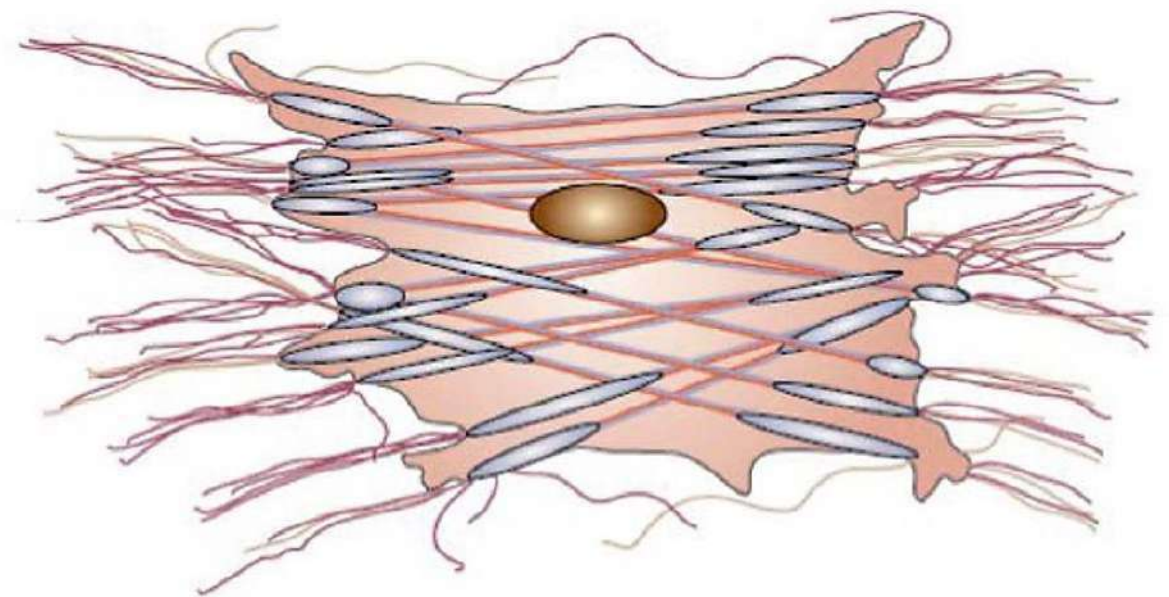


Input patologici
da parte del Sistema Simpatico
influenzano la **plasticità fasciale** a lungo termine,
attivando cronicamente i miofibroblasti (iperplasia e
ipertrofia),
e provocando quindi **fibrosi tissutale**.

Fibroblast



Myofibroblast



Focal Adhesion



α -smooth muscle actin



F-actin stress fibre



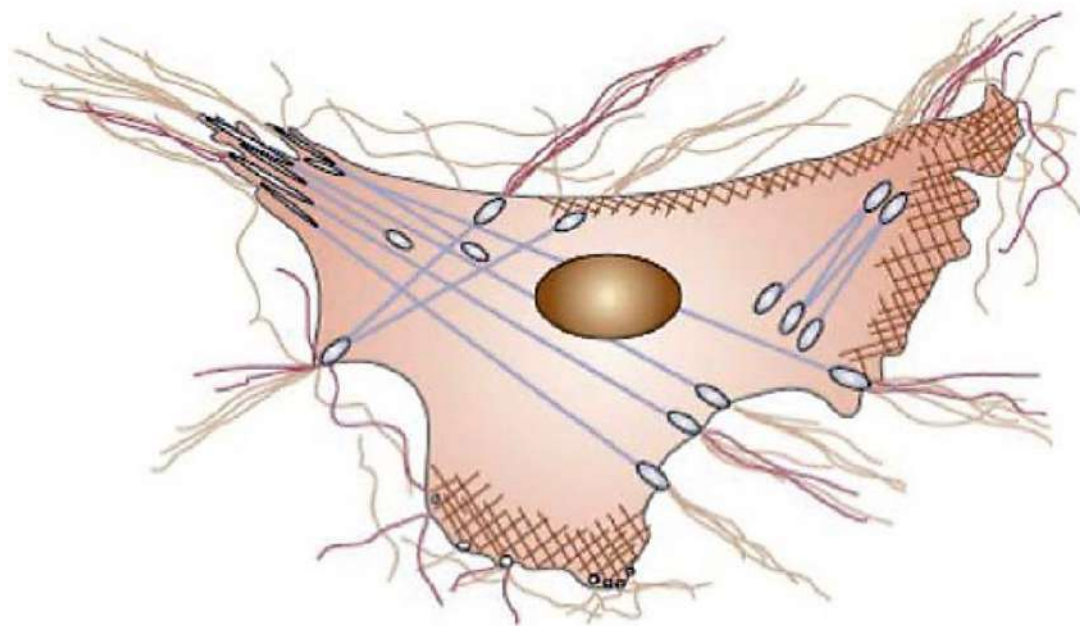
Cortical actin



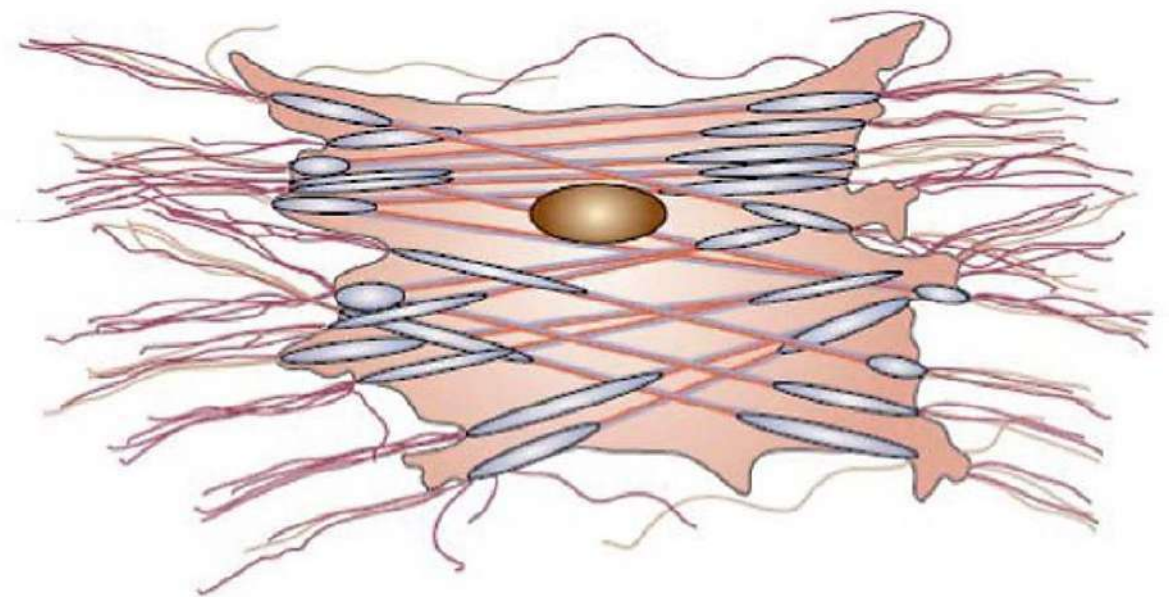
Fibronectins

Si genera quindi una
tensione fasciale anomala,
con **ipofunzionalità e sintomi dolorosi,**
che sempre per via riflessa autonoma
attiverà una **infiammazione cronica.**

Fibroblast



Myofibroblast



Focal Adhesion



α -smooth muscle actin



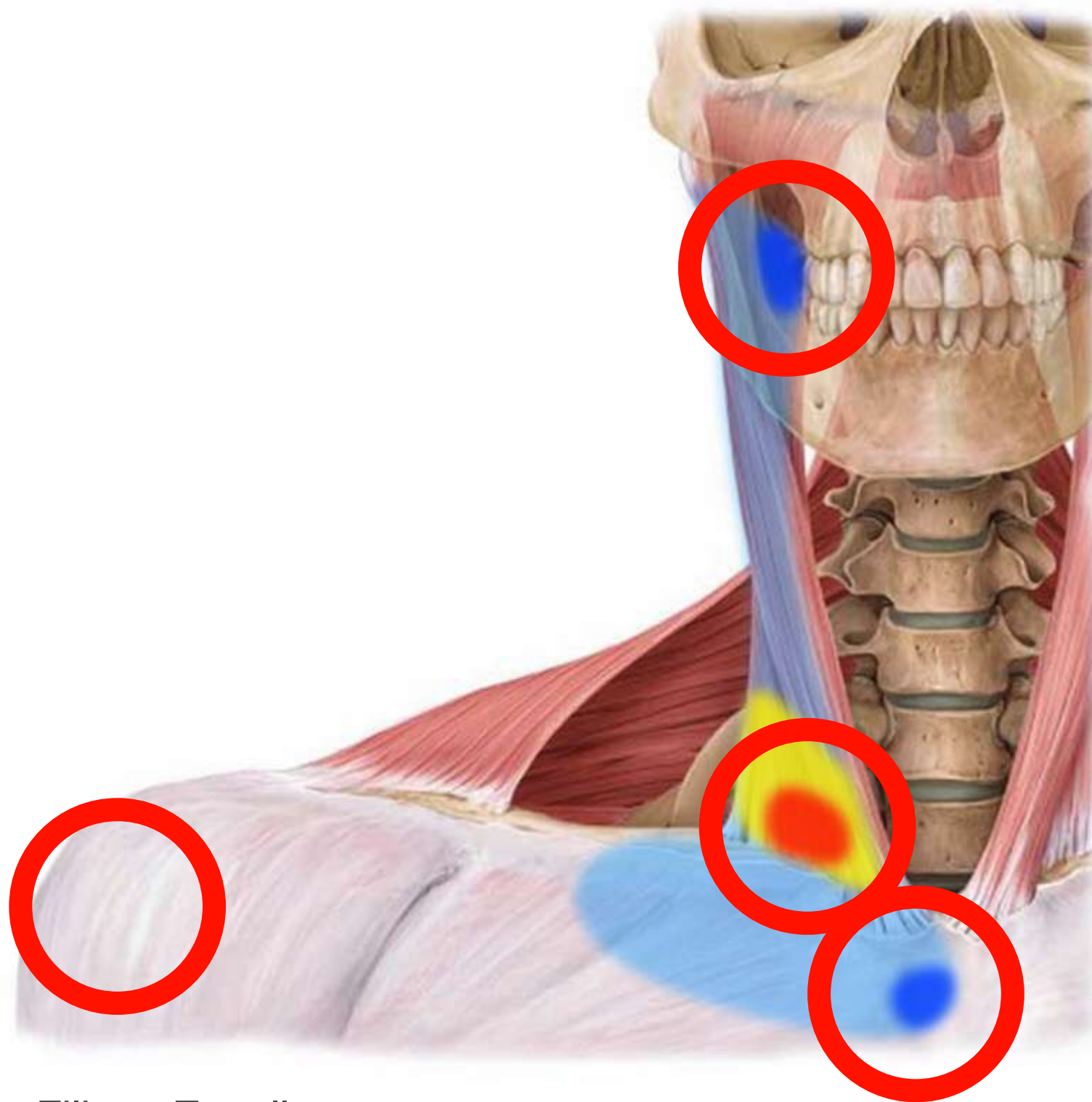
F-actin stress fibre



Cortical actin

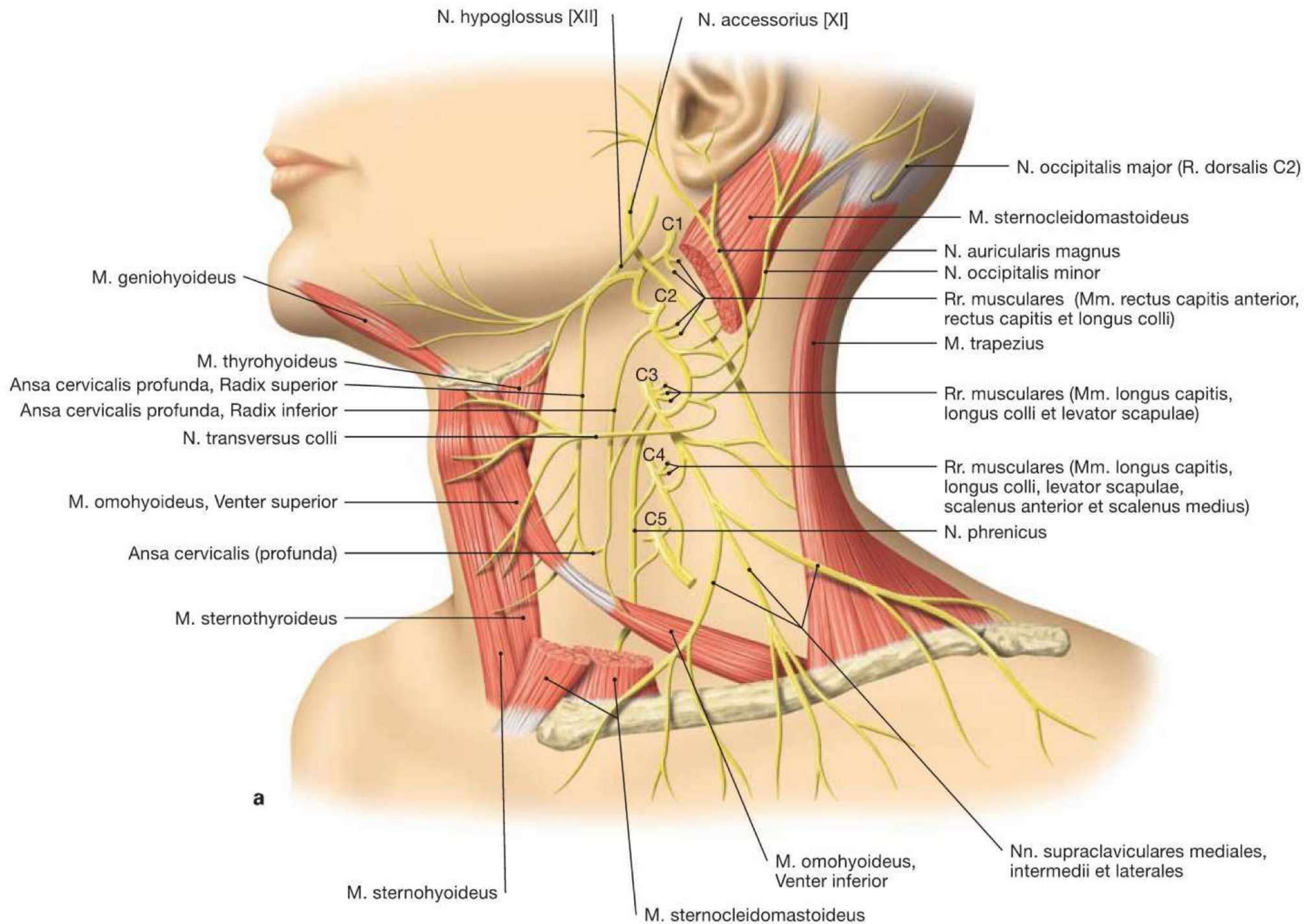


Fibronectins



**si creano così
zone
disfunzionali o
dolorose
di addensamento
connettivale,
con parametri
tensivi e
biochimici alterati**

Filippo Zanella,
“Fascia Manual Treatment Concept”



THE ORIGIN OF Chronic Inflammatory Systemic Diseases and Their Sequelae

Rainer H. Straub



Neuronal Influences on Fibroblasts and Adipocytes

Sympathetic neurotransmitters modulate the function of fibroblasts by inducing proliferation, collagen gene and protein expression, and fibroblast migration via α 1-adrenergic receptors.^{1135–1138} In contrast, fibroblasts undergo increased apoptosis and autophagy via β -adrenergic signaling.^{1139,1140} In addition, noradrenaline induces secretion of IL-6, IL-8, and matrix metalloproteinase 2 from fibroblasts via β -adrenergic receptors.^{1141–1145} Under conditions with an α -adrenergic zone due to nerve fiber loss (Figure 26), one can expect proliferative responses of sympathetic nerve fibers on fibroblasts. This can support the fibrotic process in chronic inflammatory lesions.

Deborah J. Culley, M.D., Editor

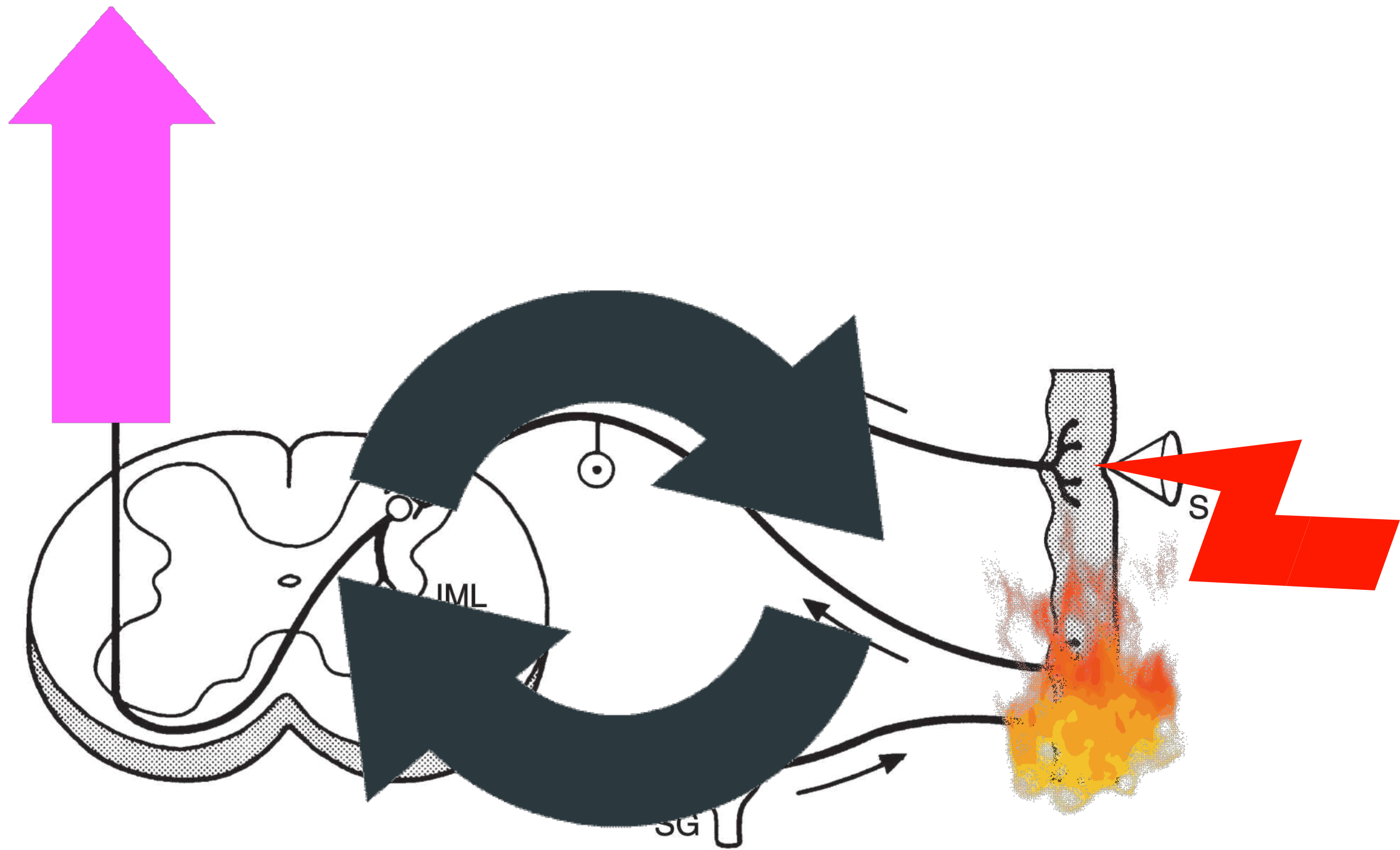
Neural Control of Inflammation

Implications for Perioperative and Critical Care

Benjamin E. Steinberg, M.D., Ph.D., Eva Sundman, M.D., Ph.D., Niccolo Terrando, Ph.D.,
Lars I. Eriksson, M.D., Ph.D., F.R.C.A., Peder S. Olofsson, M.D., Ph.D.

ABSTRACT

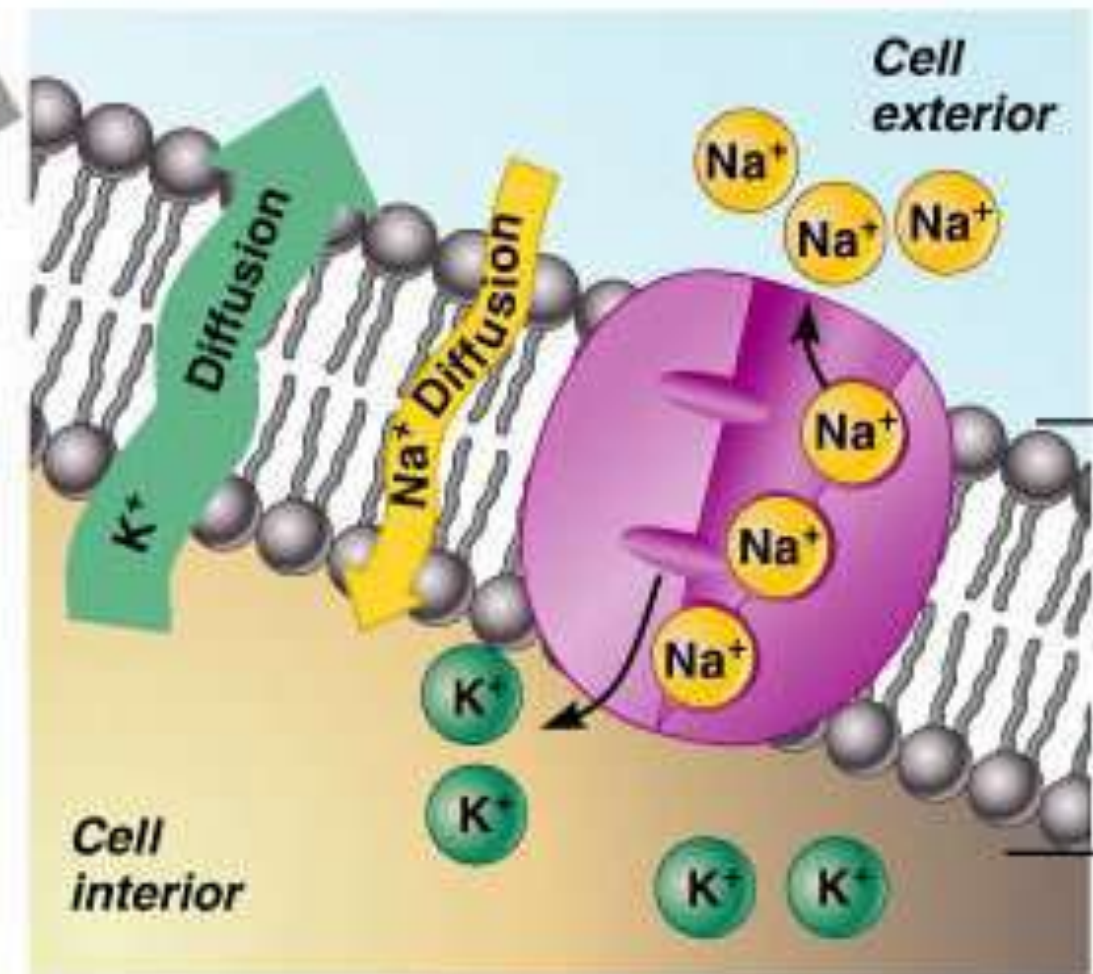
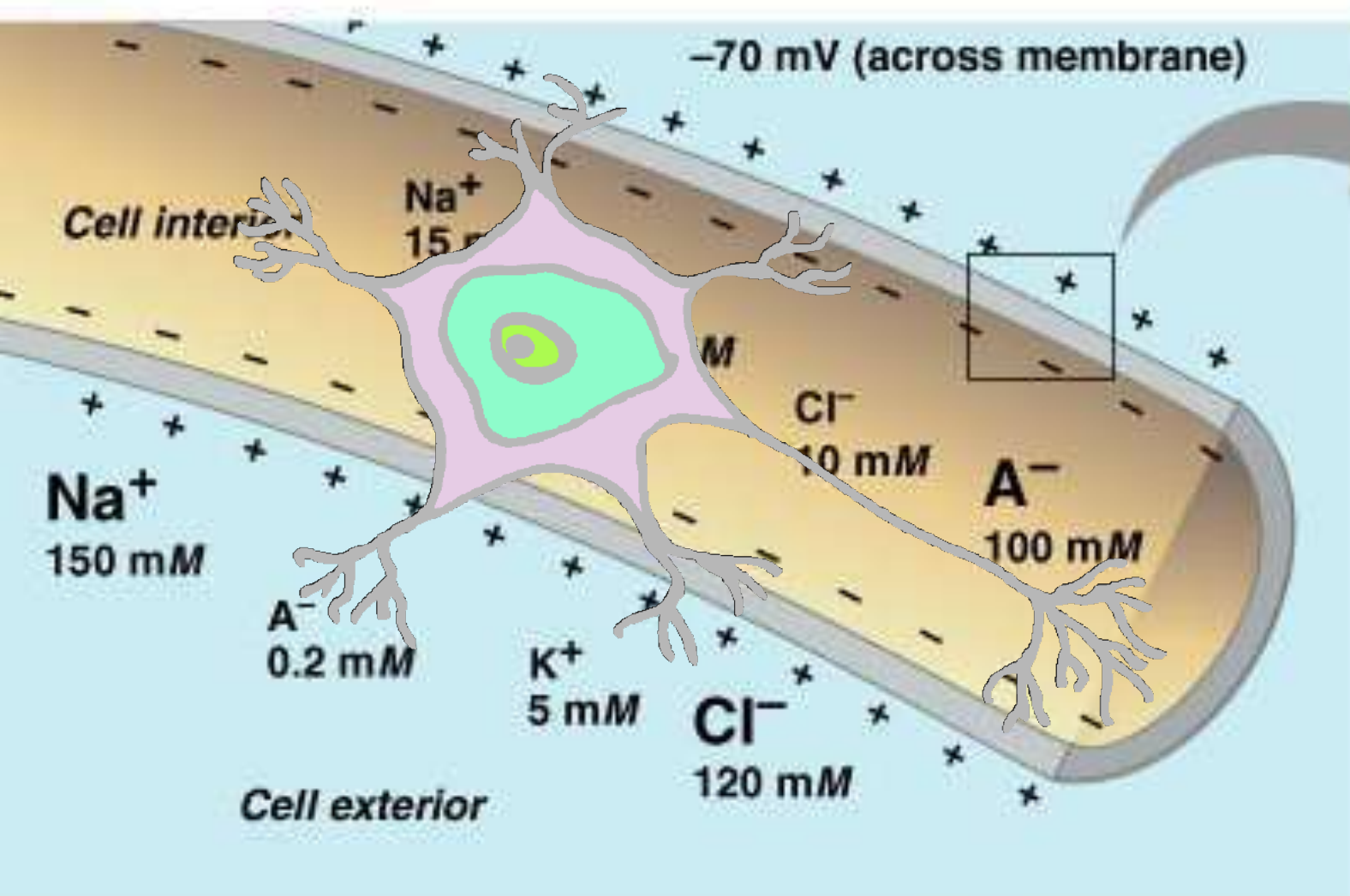
Inflammation and immunity are regulated by neural reflexes. Recent basic science research has demonstrated that a neural reflex, termed the inflammatory reflex, modulates systemic and regional inflammation in a multiplicity of clinical conditions encountered in perioperative medicine and critical care. In this review, the authors describe the anatomic and physiologic basis of the inflammatory reflex and review the evidence implicating this pathway in the modulation of sepsis, ventilator-induced lung injury, postoperative cognitive dysfunction, myocardial ischemia–reperfusion injury, and traumatic hemorrhage. The authors conclude with a discussion of how these new insights might spawn novel therapeutic strategies for the treatment of inflammatory diseases in the context of perioperative and critical care medicine. (**ANESTHESIOLOGY 2016; 124:1174-89**)

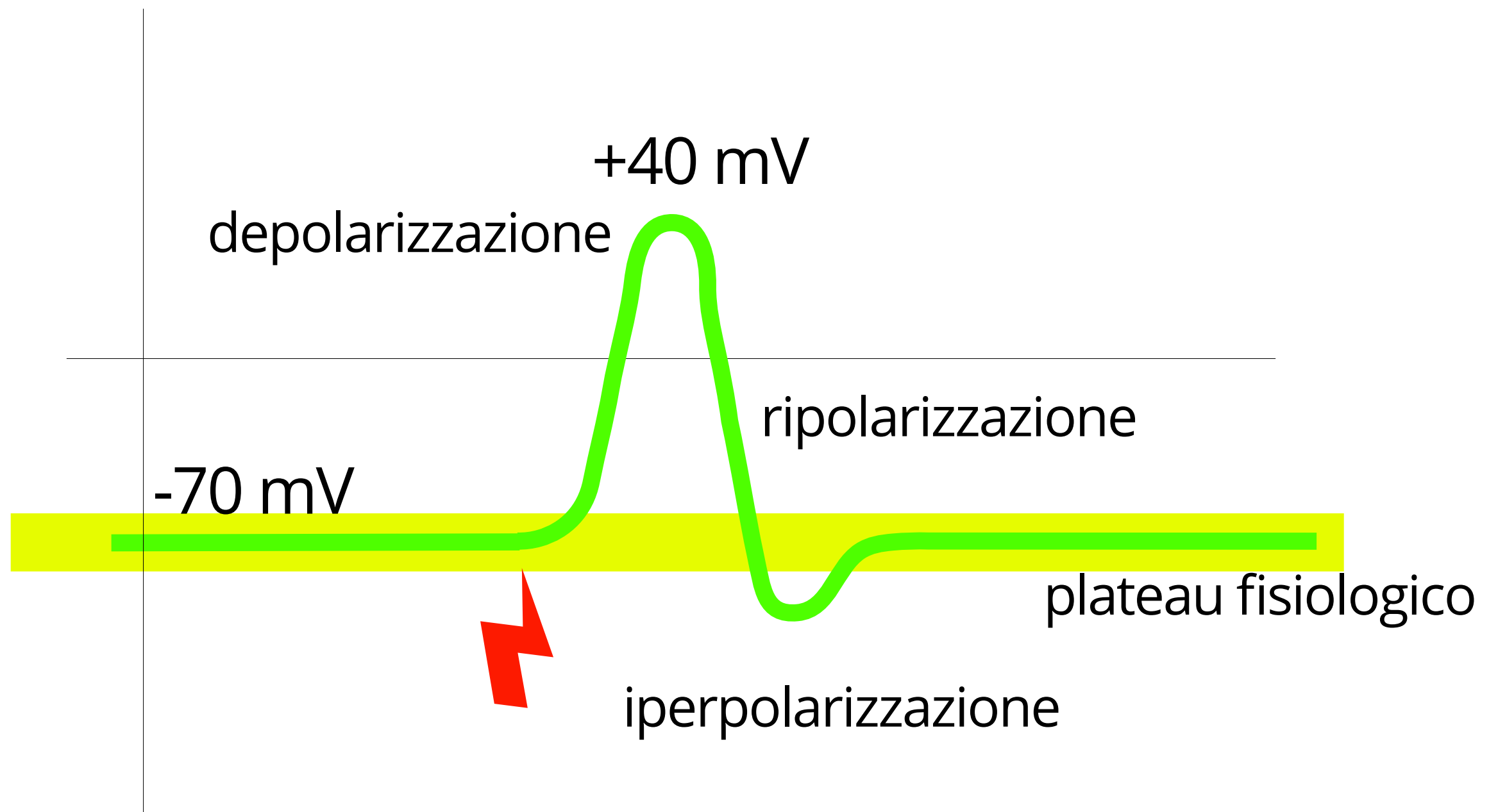


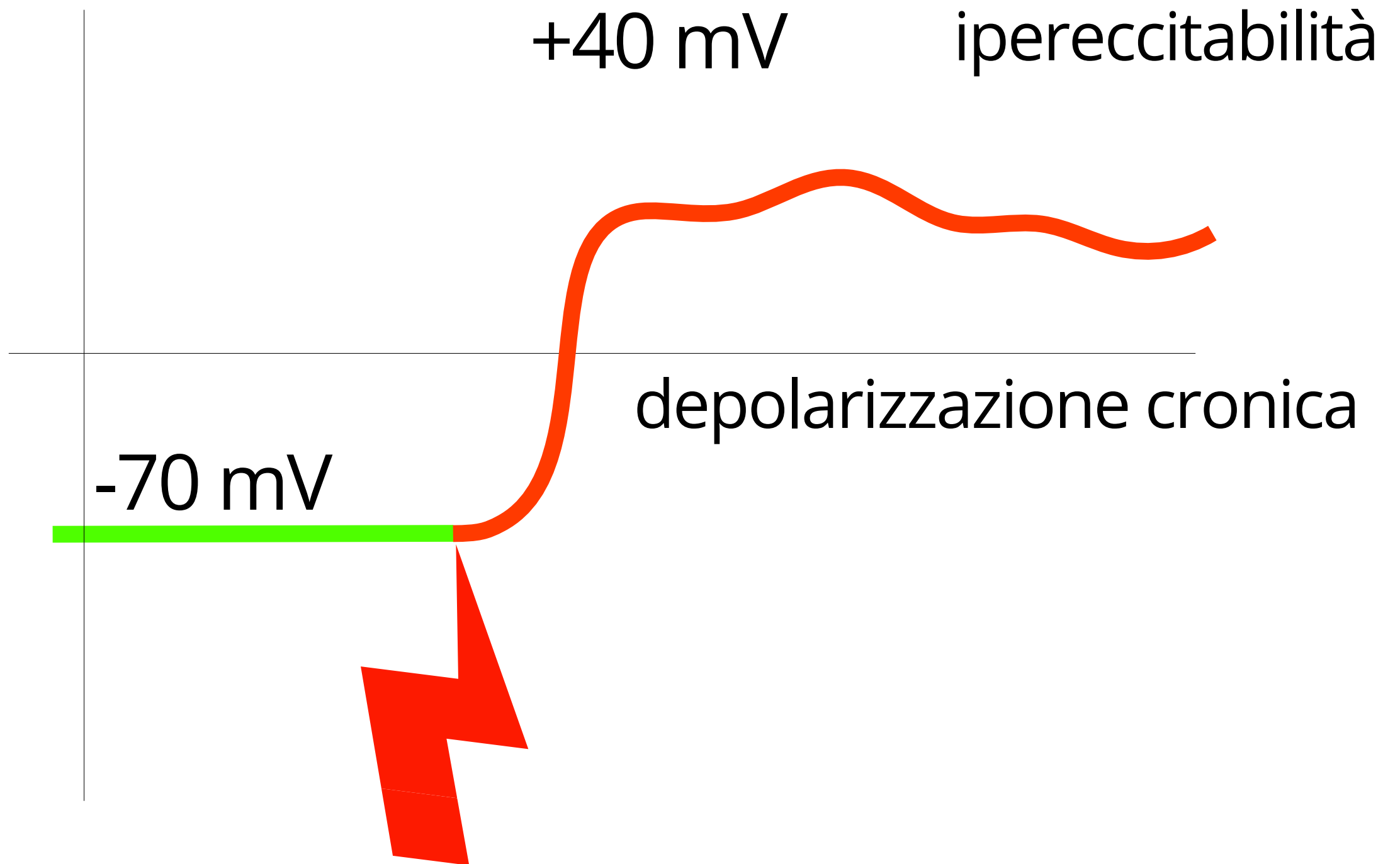
**l'integrazione neuro-fasciale
fa sì che
le zone miofasciali disturbate
mantengano nel tempo
memorie traumatiche,
sia biologiche
che emozionali**

**pillole di
neurofisiologia...**

la polarizzazione di membrana







I tessuti traumatizzati
sono caratterizzati da
depolarizzazione
permanente delle
membrane cellulari.



**Queste aree
inviano segnali di
eccitazione
irregolari e caotici.**





- ipereccitabilità
- scariche autonome
- attività afferente nocicettiva



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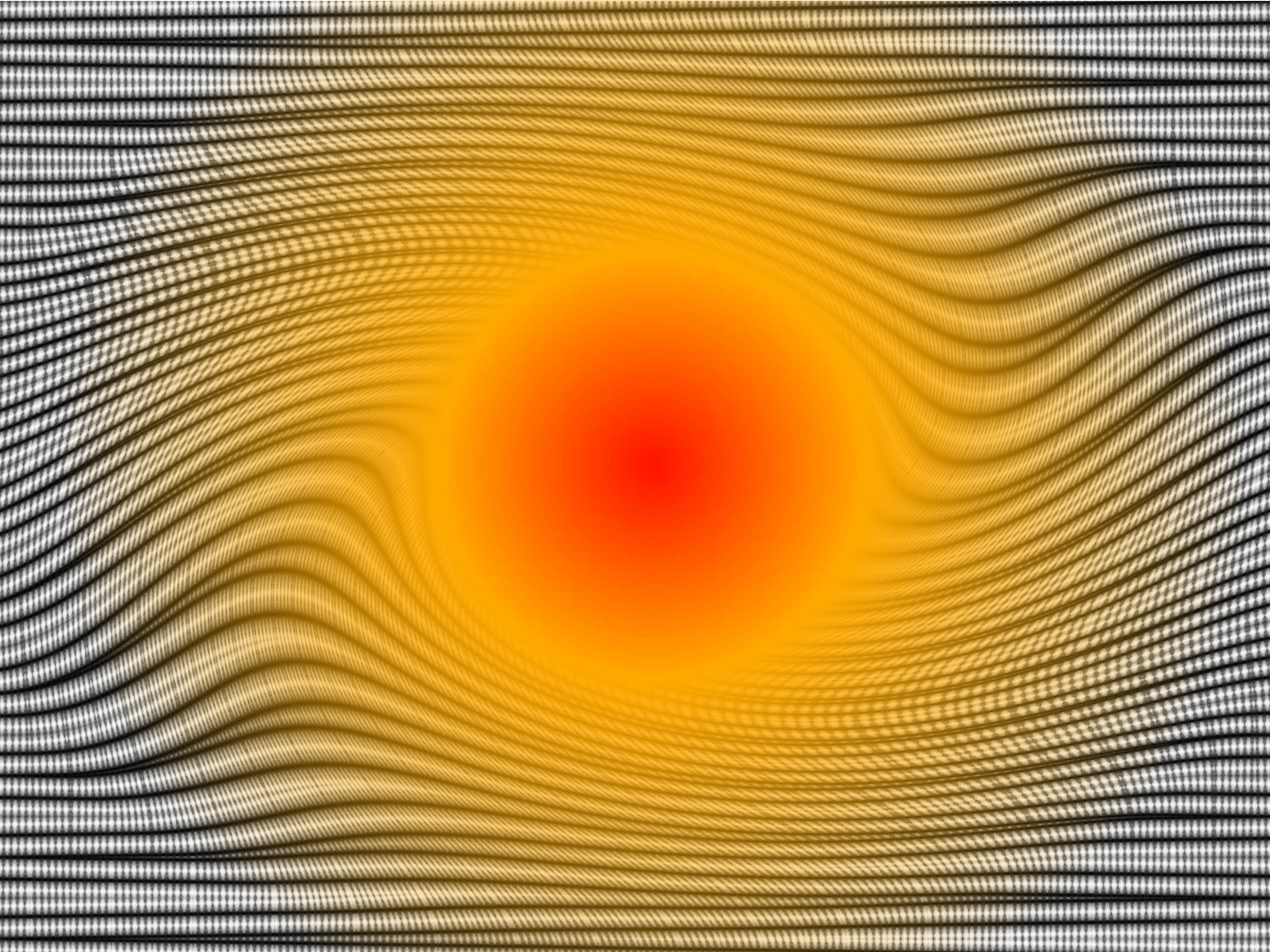
Skin, fascias, and scars: symptoms and systemic connections

[Bruno Bordoni](#)¹ and [Emiliano Zanier](#)²

¹Rehabilitation Cardiology Institute of Hospitalization and Care with Scientific Address, S Maria Nascente Don Carlo Gnocchi Foundation. CRESO Osteopathic Centre for Research and Studies

²EdiAcademy, Milano, Italy. CRESO Osteopathic Centre for Research and Studies

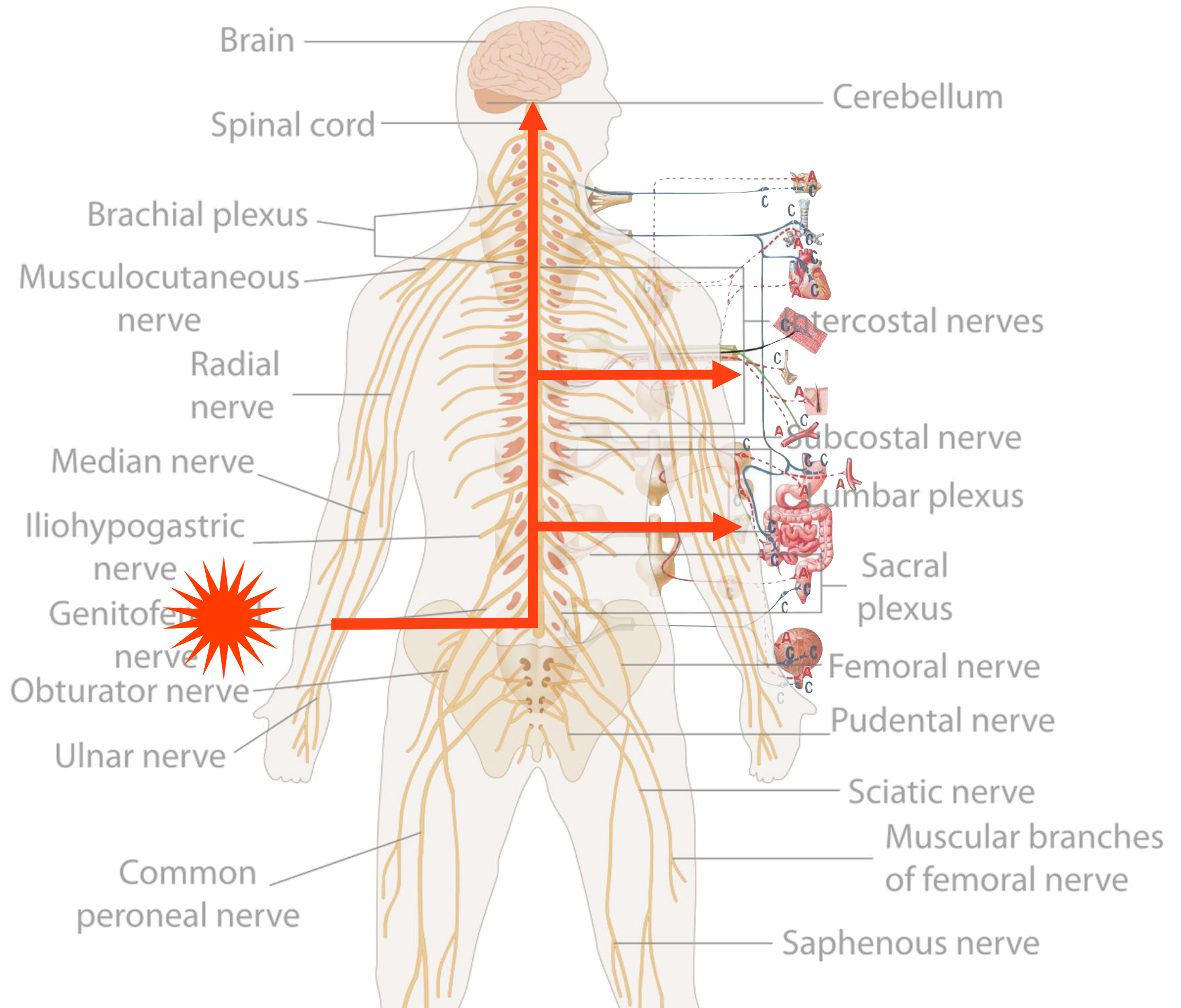
Correspondence: Bruno Bordoni, Rehabilitation Cardiology IRCCS, S Maria Nascente Don Carlo Gnocchi Foundation, via Capecelatro 66, Milano, Italy, Tel +390 24 08 182, Fax +349 63 00 617, Email bordonibruno@hotmail.com



**Il tessuto depolarizzato
diventa quindi
una spina
irritativa cronica**

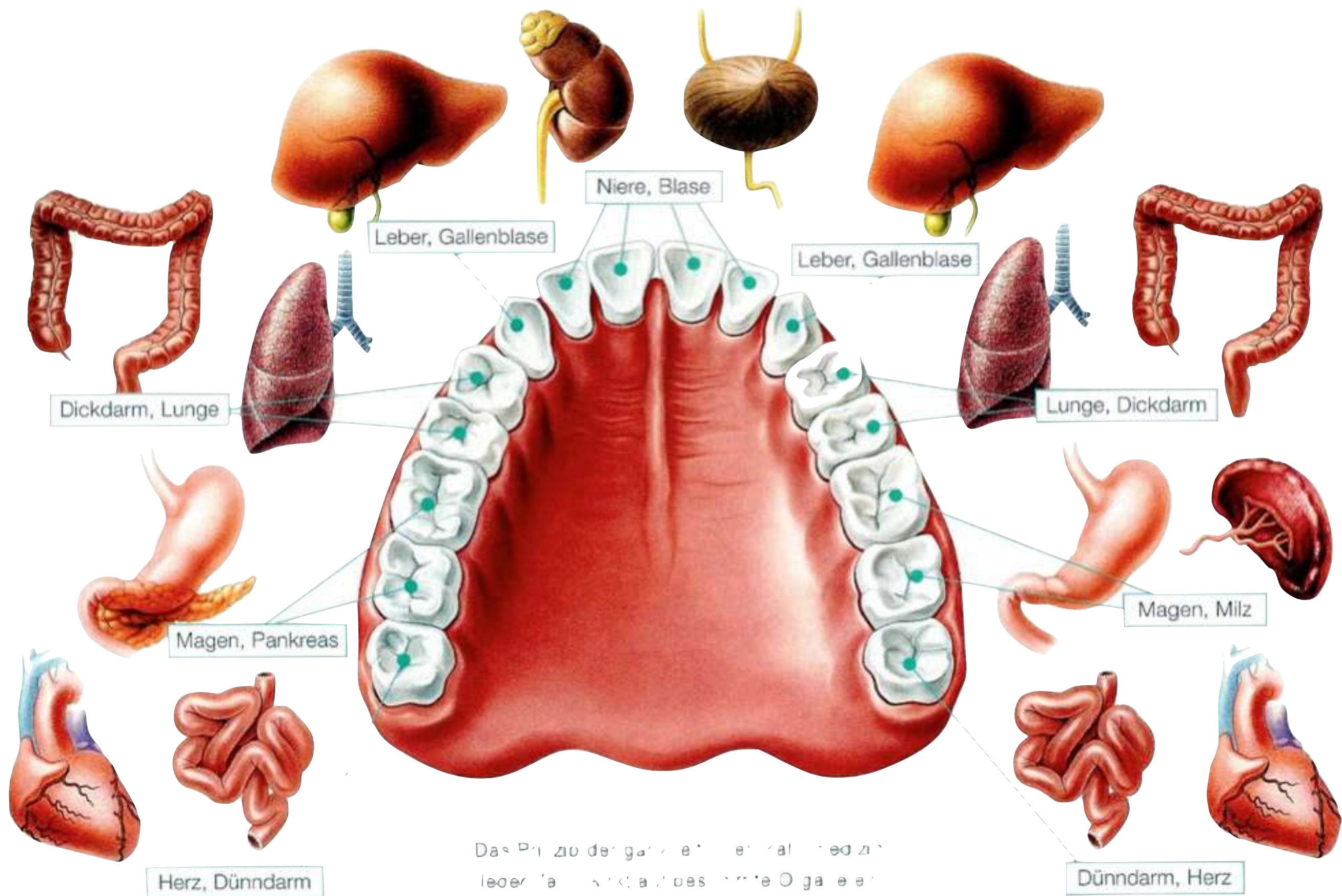
e cosa fanno le
spine irritative
croniche?

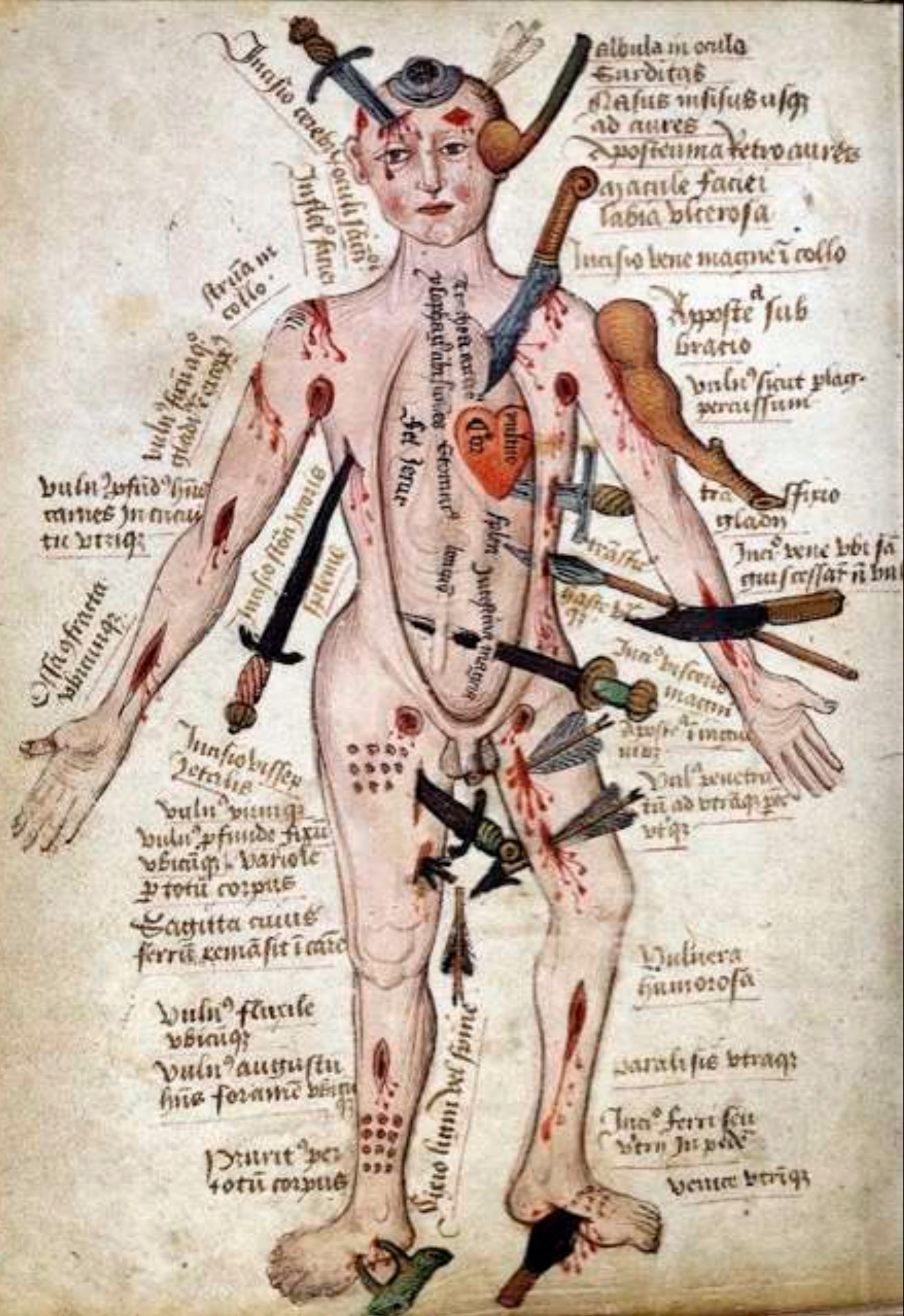
**disturbano
l'autoregolazione
dell'organismo**



il focus irritativo







albula in ocula
Surditas
Nasus infusus usque
ad aures
Apocema retro aures
Machule faciei
Labia blerosa

Inciso bene magne i collo

Apocste sub
bracio

Vulu' sicut plag.
percuissum

tra. sfixio
gladii

Inc. bene vbi sa
nus cessat n. m.

Inc. v. scro
magm

Apocste i m. m.

Val' penetra
tu ad vtraq. p.
v. q.

Vulnera
humorosa

Carali sic vtraq.

Inc. ferri seu
v. m. in pede

Venae vtraq.

Inciso cerebri conuulsio

Inciso faciei

Stria in
collo.

Vulu' sicut ag.
gladii i collo.

Vulu' p. f. d. h. m.
carnes in m. m.
t. v. q.

Offa fracta
v. m. q.

Inciso s. m. h. m.

Inciso

Inciso v. s. s. p.

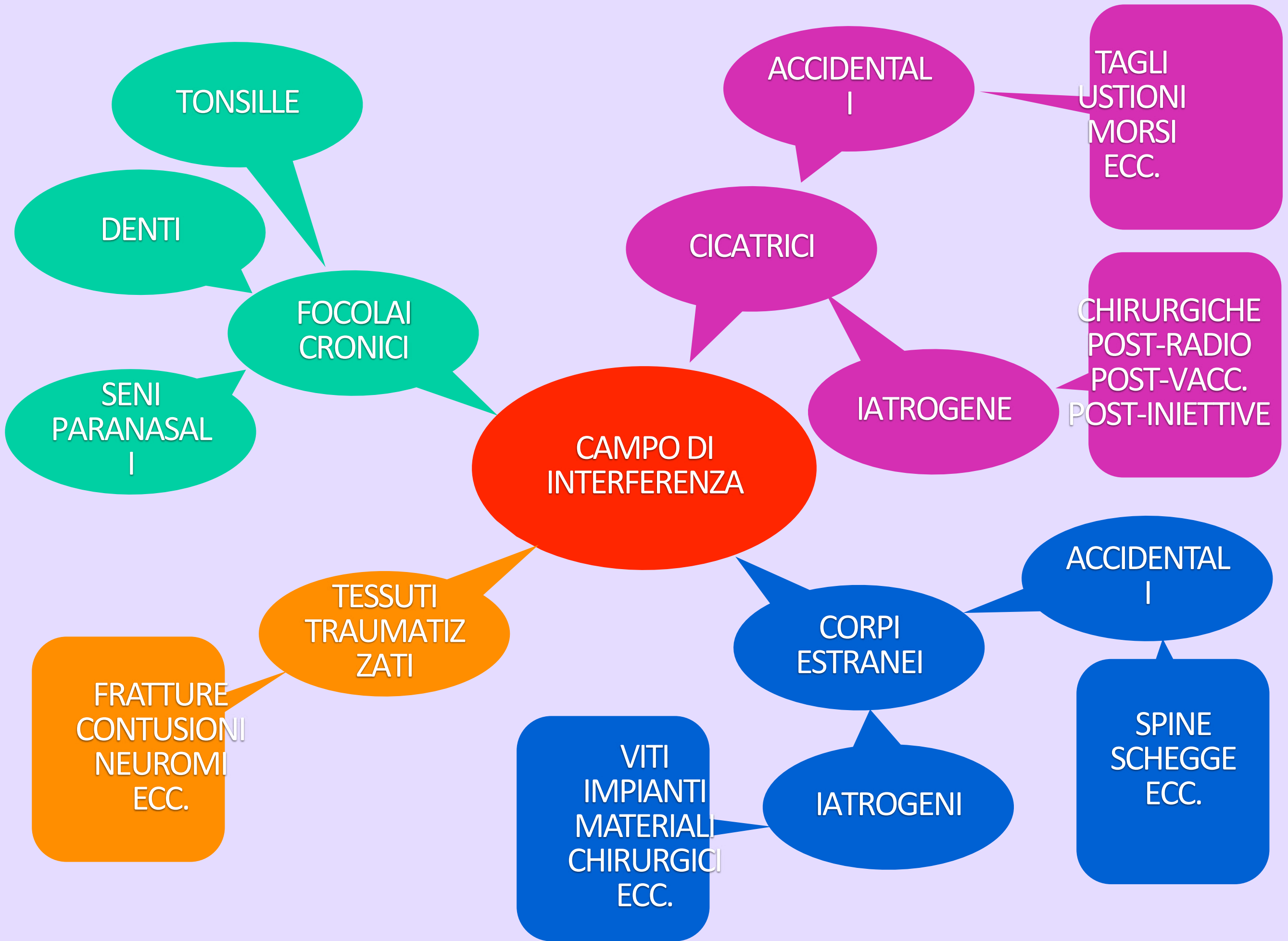
Vulu' v. m. q.
Vulu' p. f. u. d. s. p.
v. m. q. Variole
p. totu corpus
Sagitta cuius
ferri remansit i carne

Vulu' fluxile
v. m. q.

Vulu' angustu
h. m. forame v. m. q.

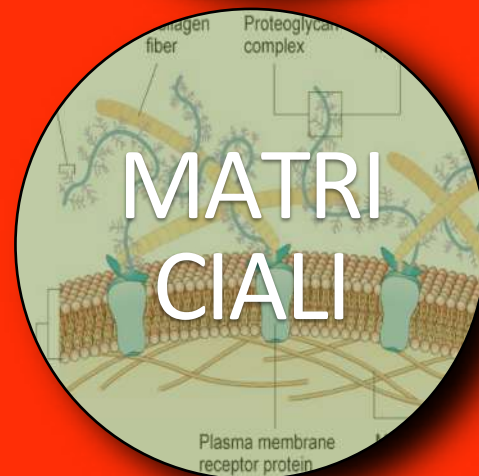
Prurit' per
totu corpus

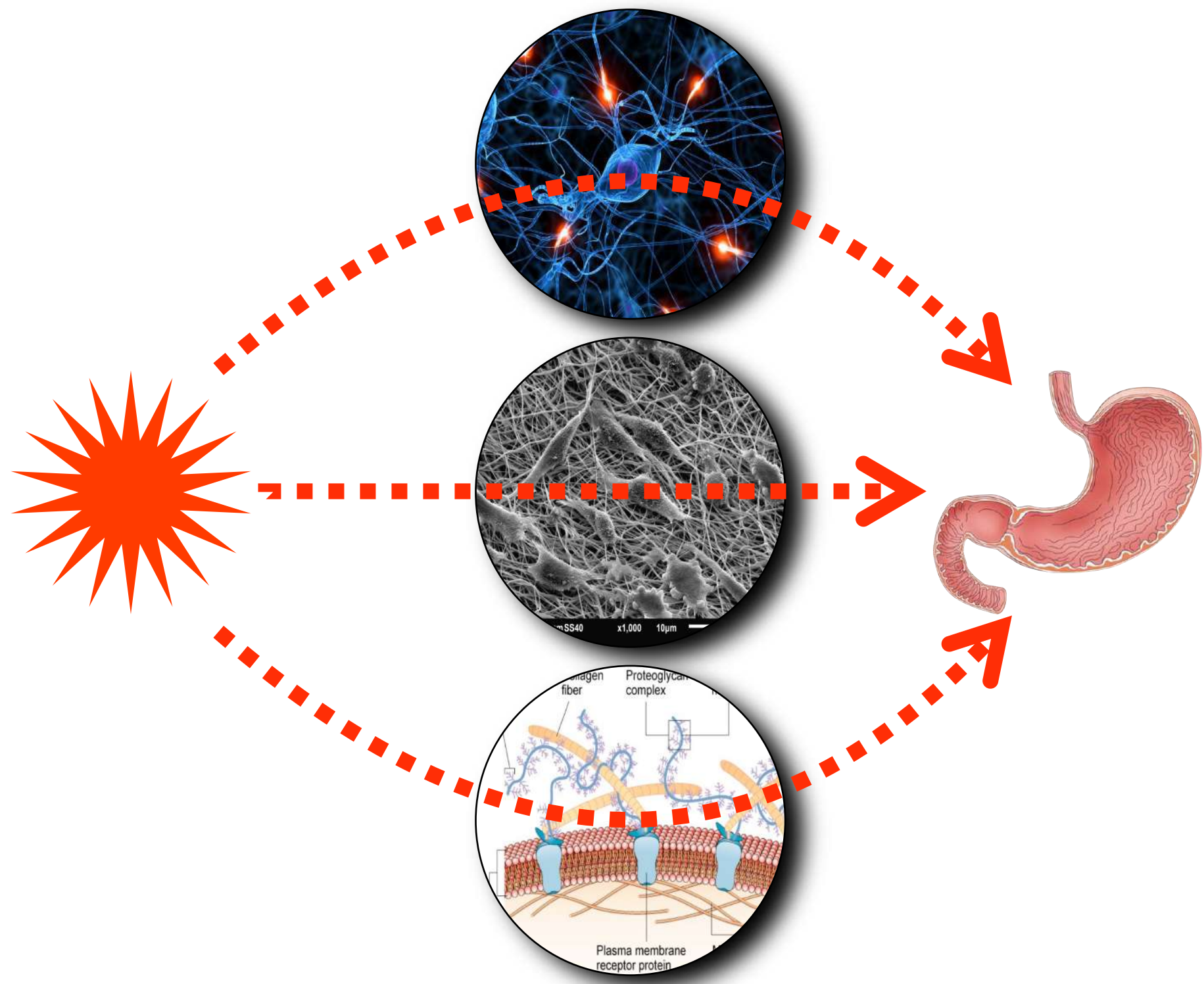
Vicio l. m. m. v. s. p. m.



**il disturbo
non rimane mai
localizzato!**

**una
informazione
patologica può
diffondersi e
disturbare
attraverso vie**

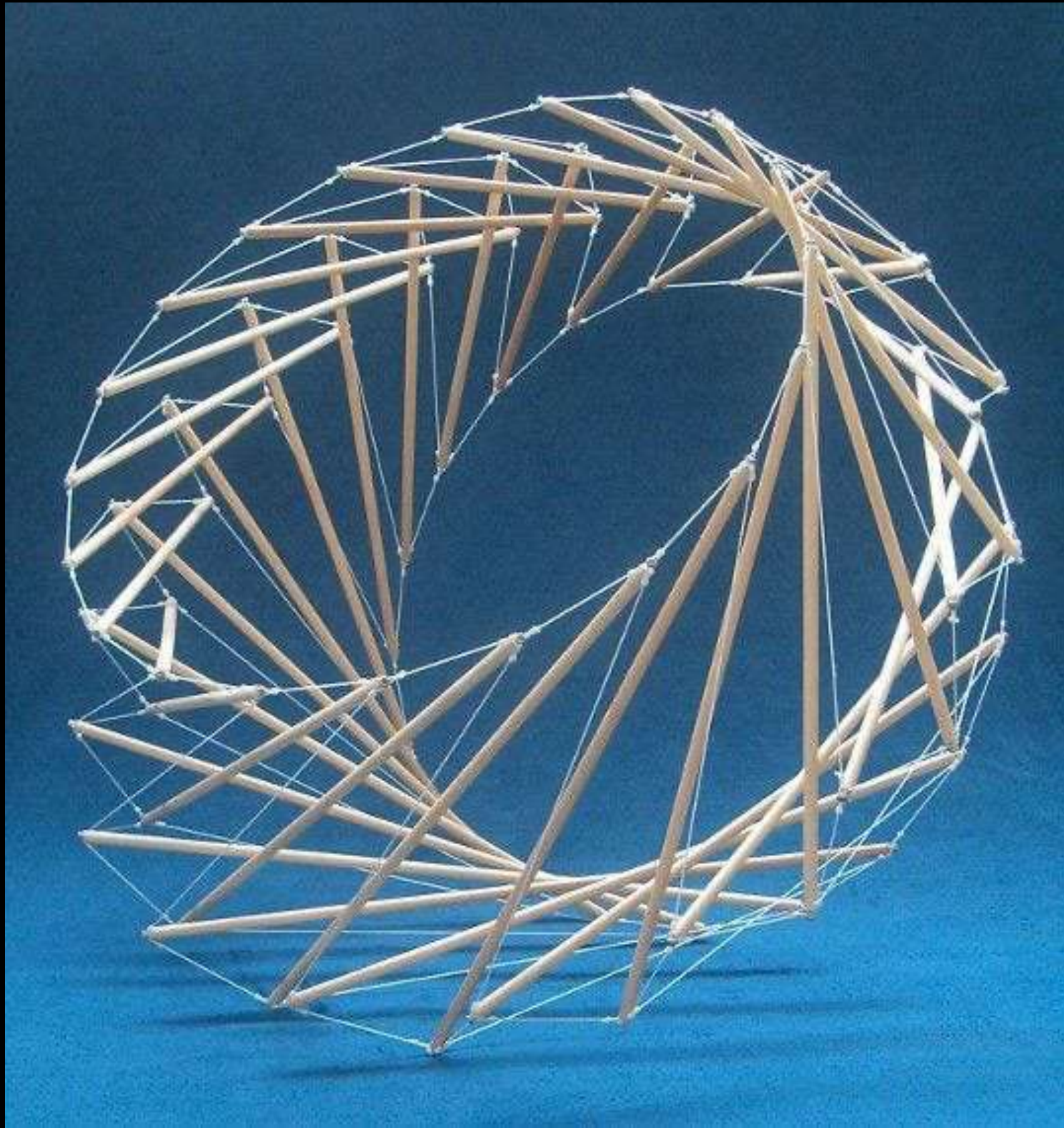






Filippo Zanella, "Fascia
Manual Treatment Concept"

tensegrità



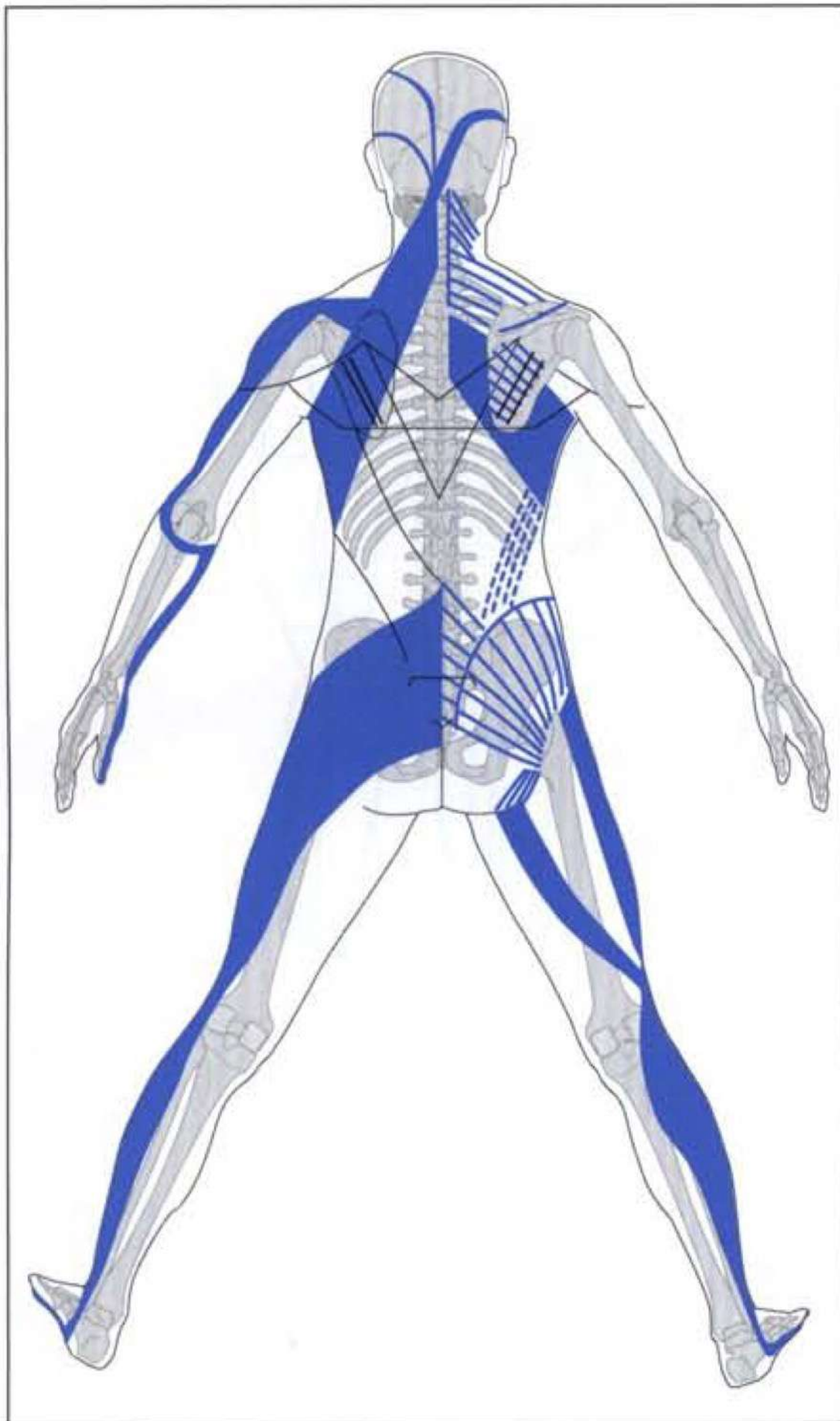


Fig. 2.4 Posterolateral chain according to Struyff-Denys.

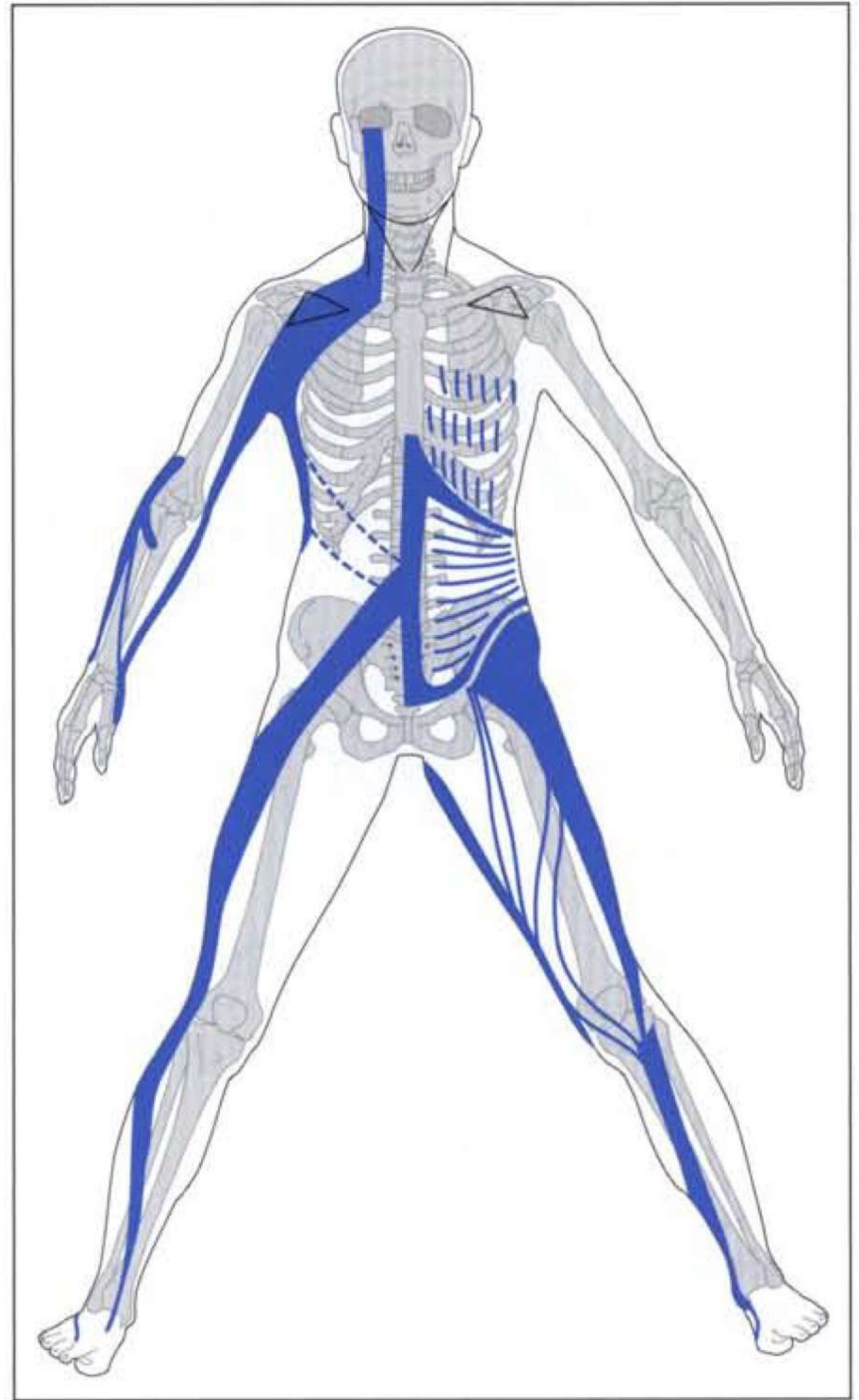
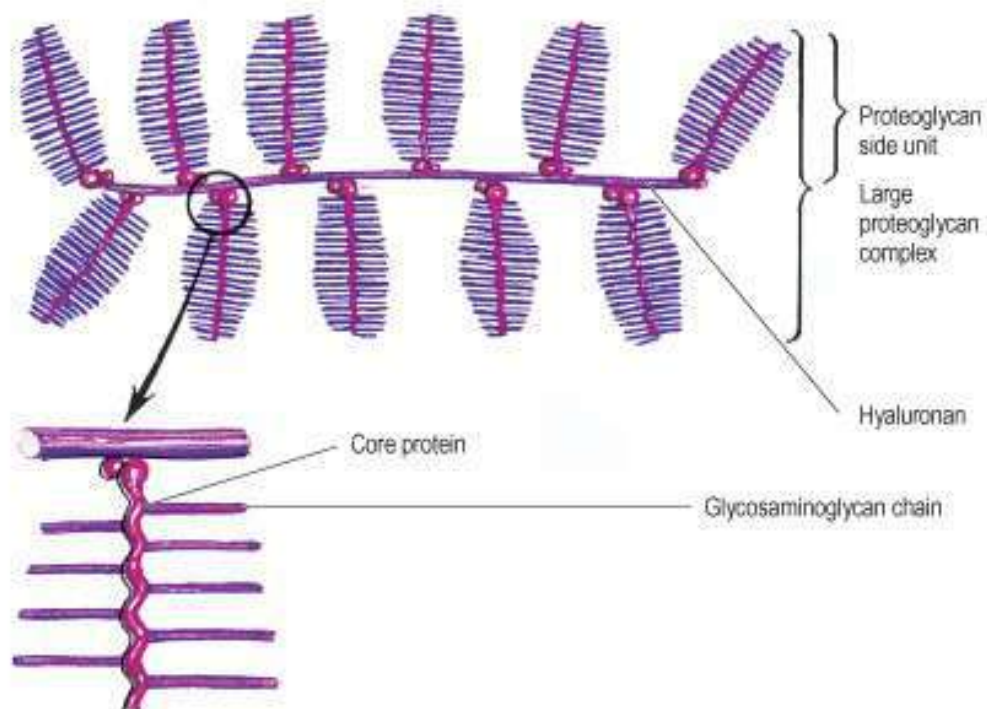
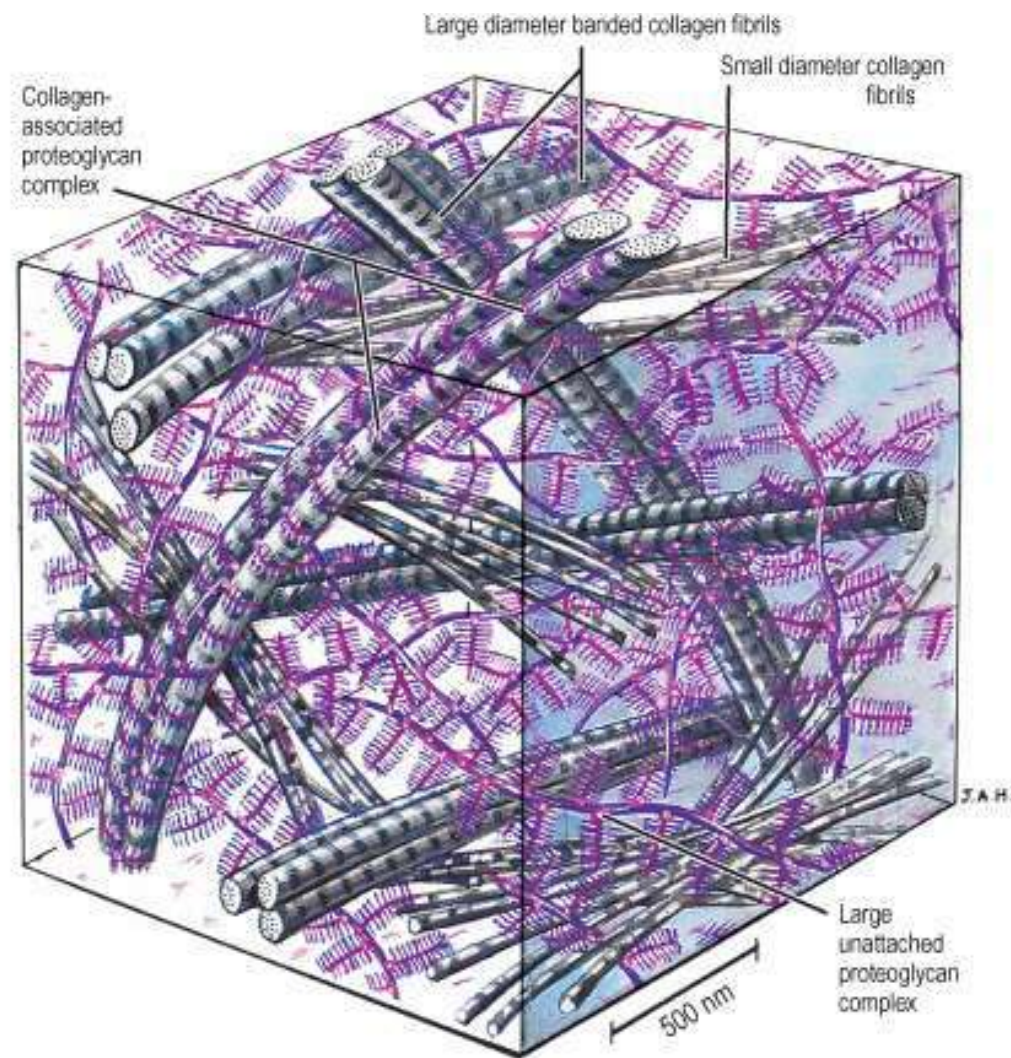
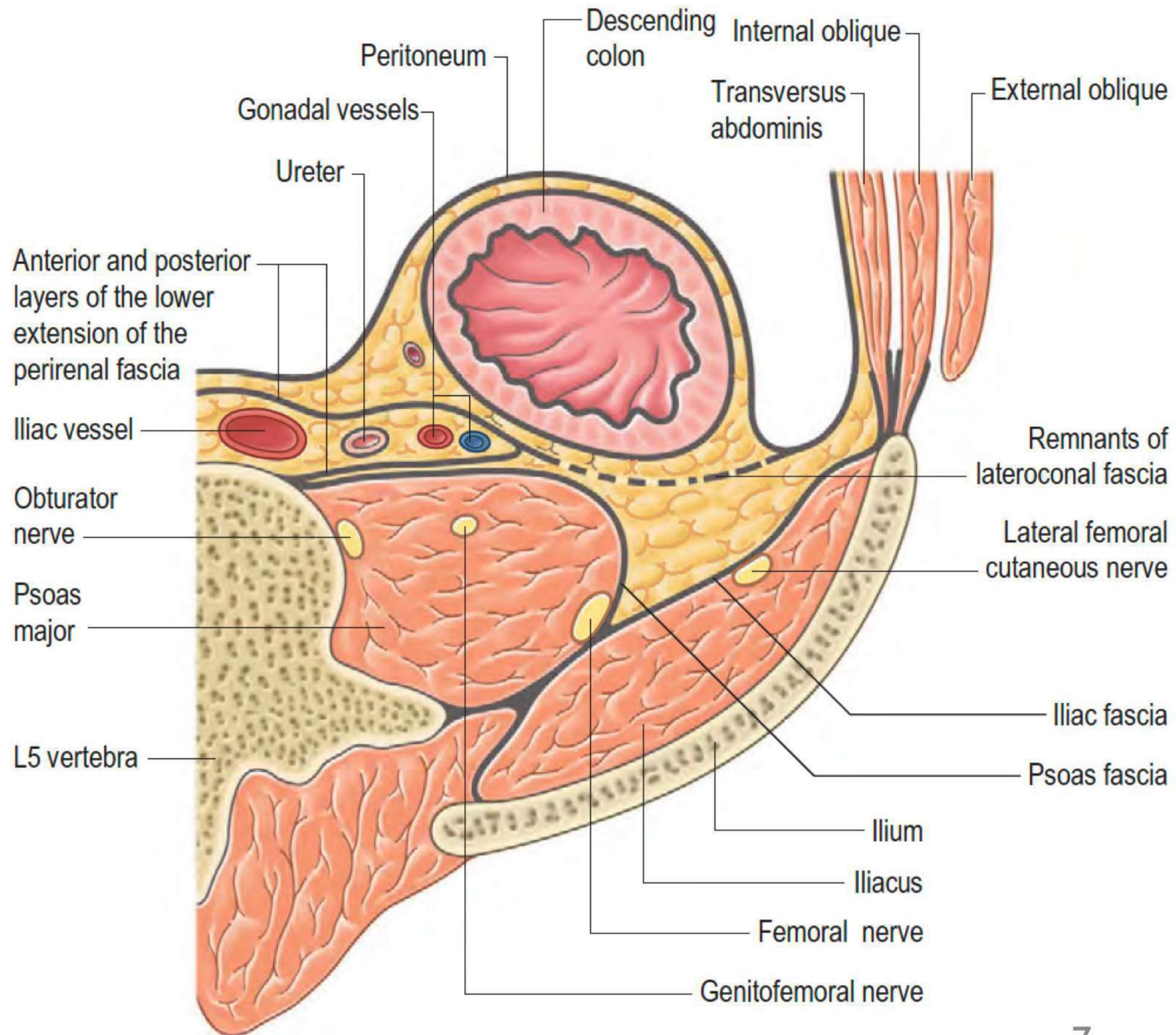


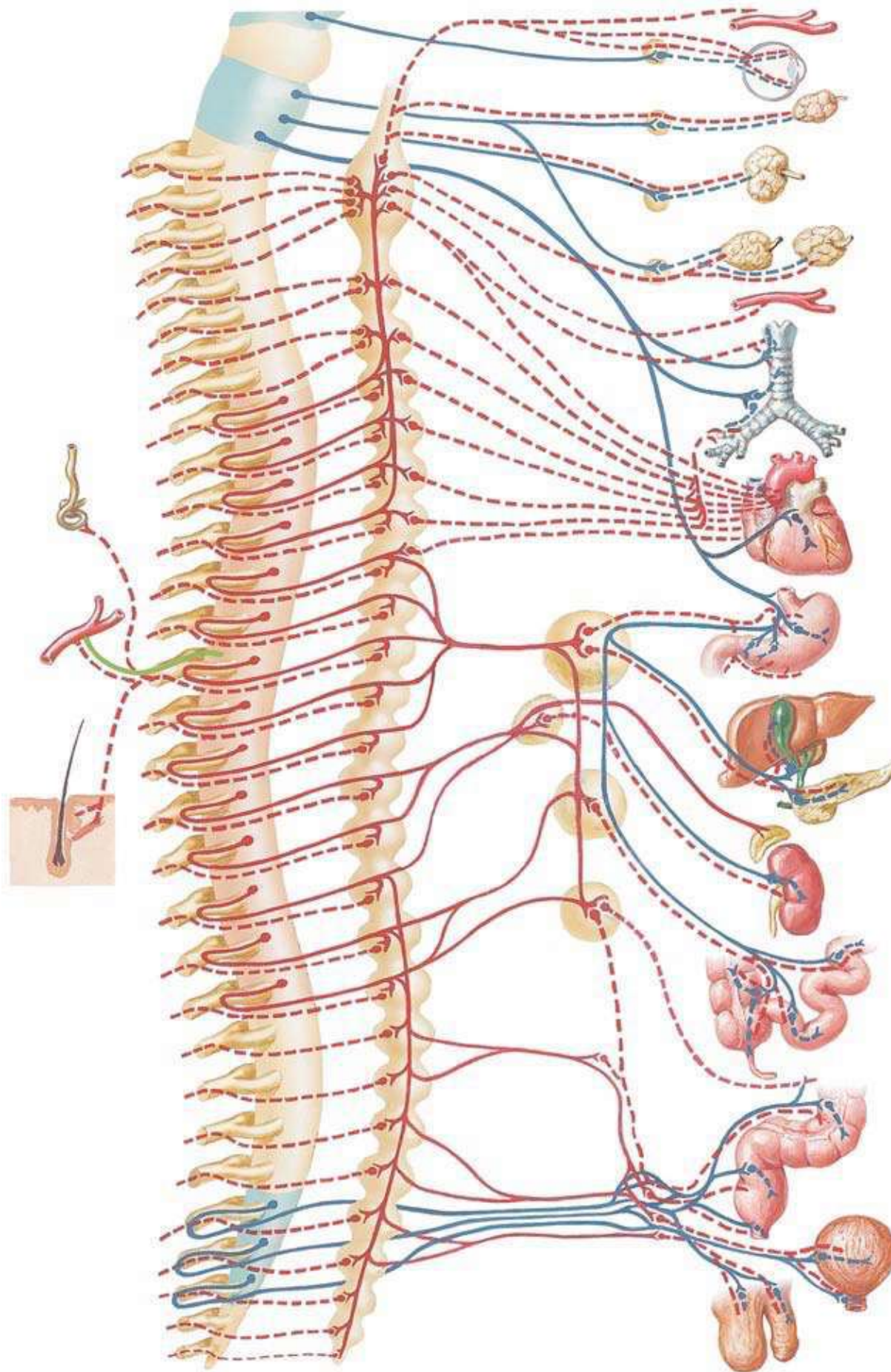
Fig. 2.5 Anterolateral chain according to Struyff-Denys.

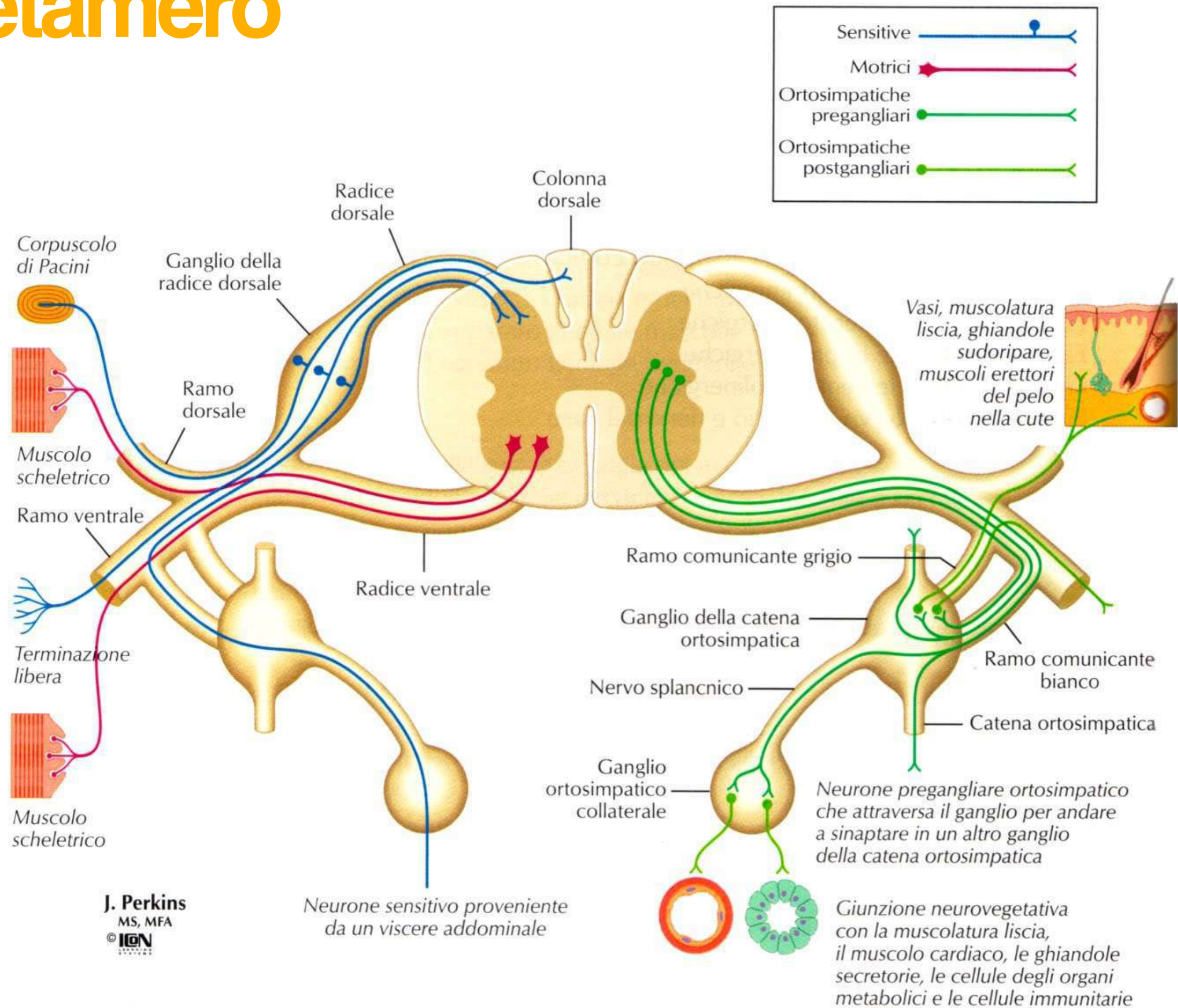




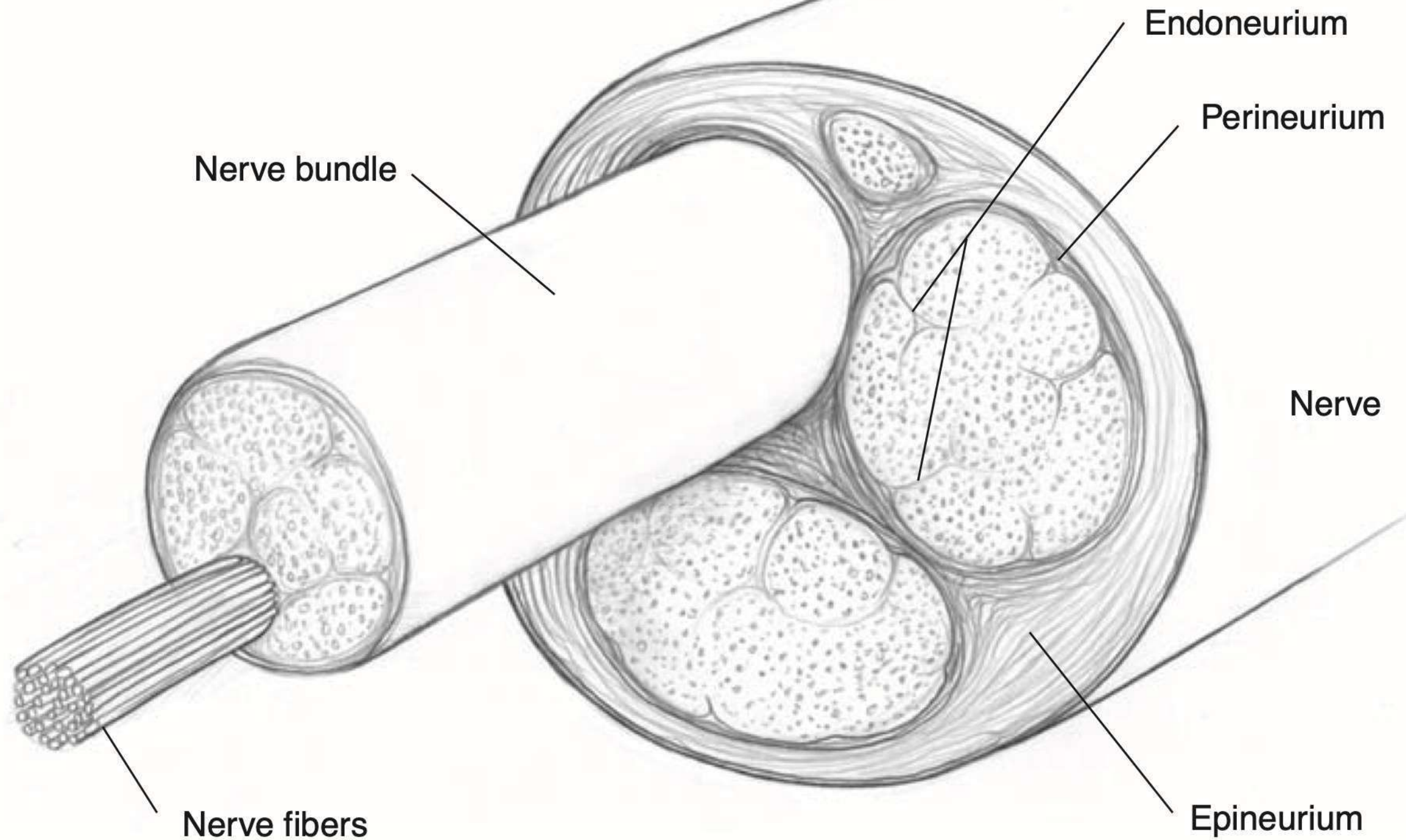


sistema nervoso autonomo



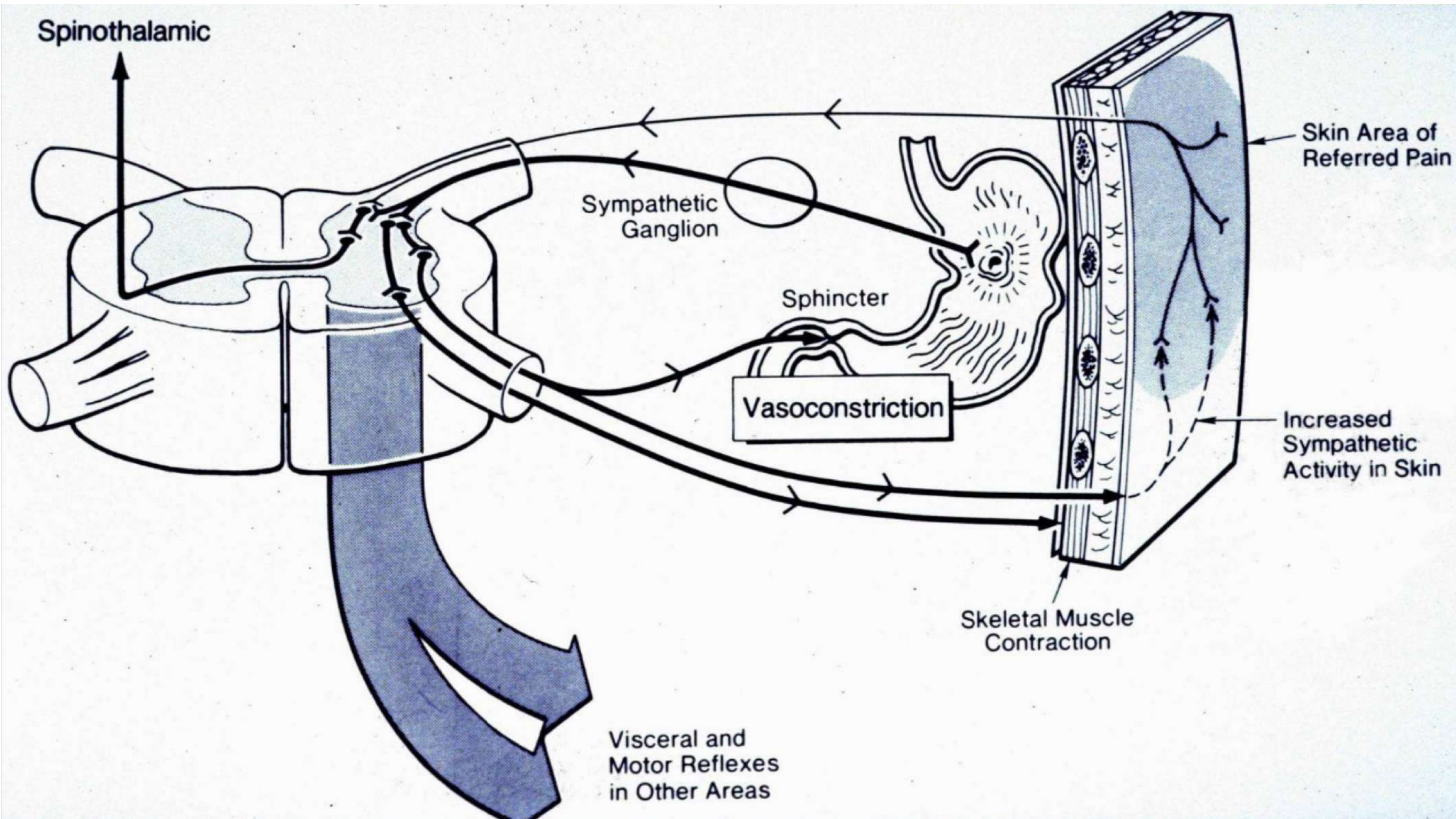


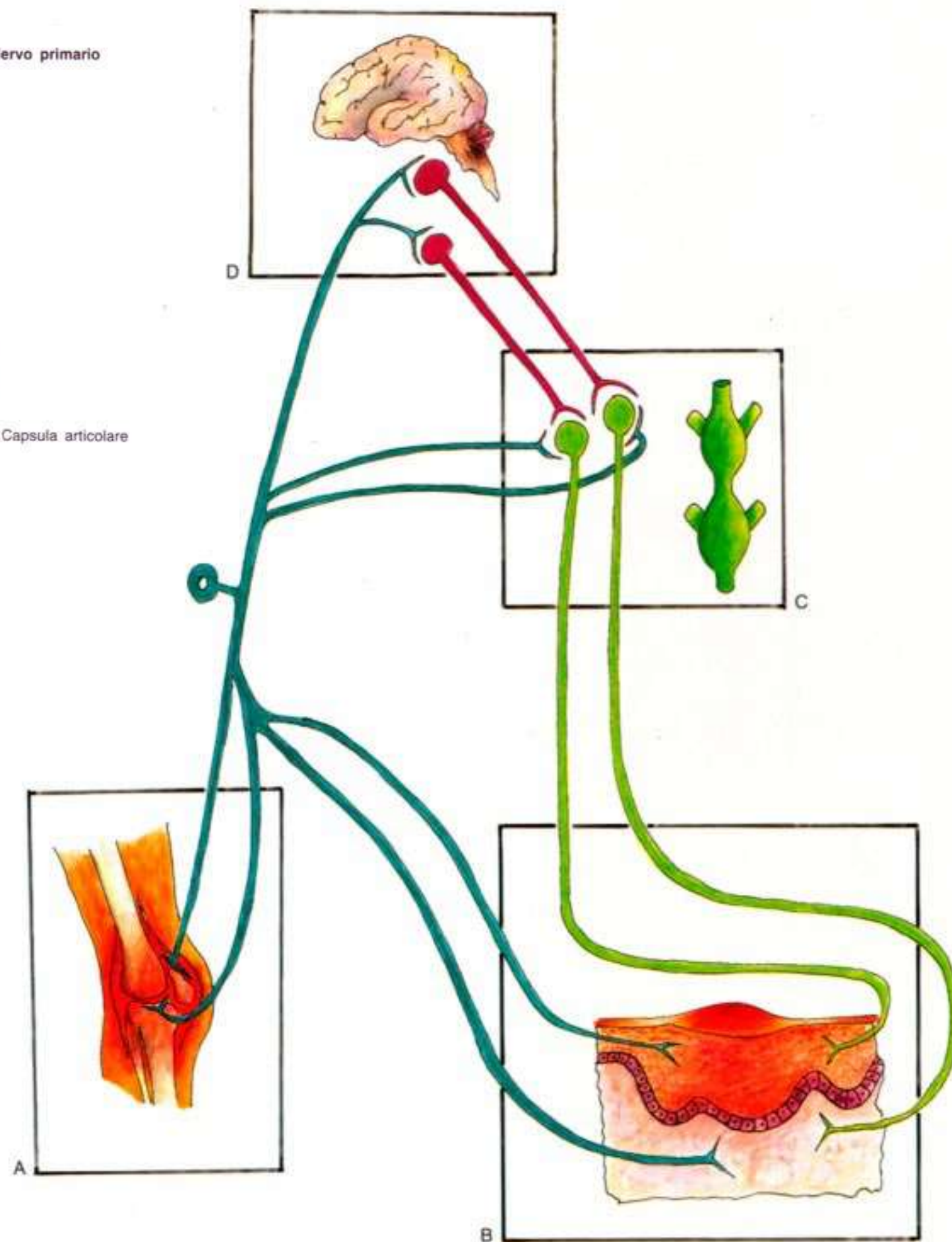
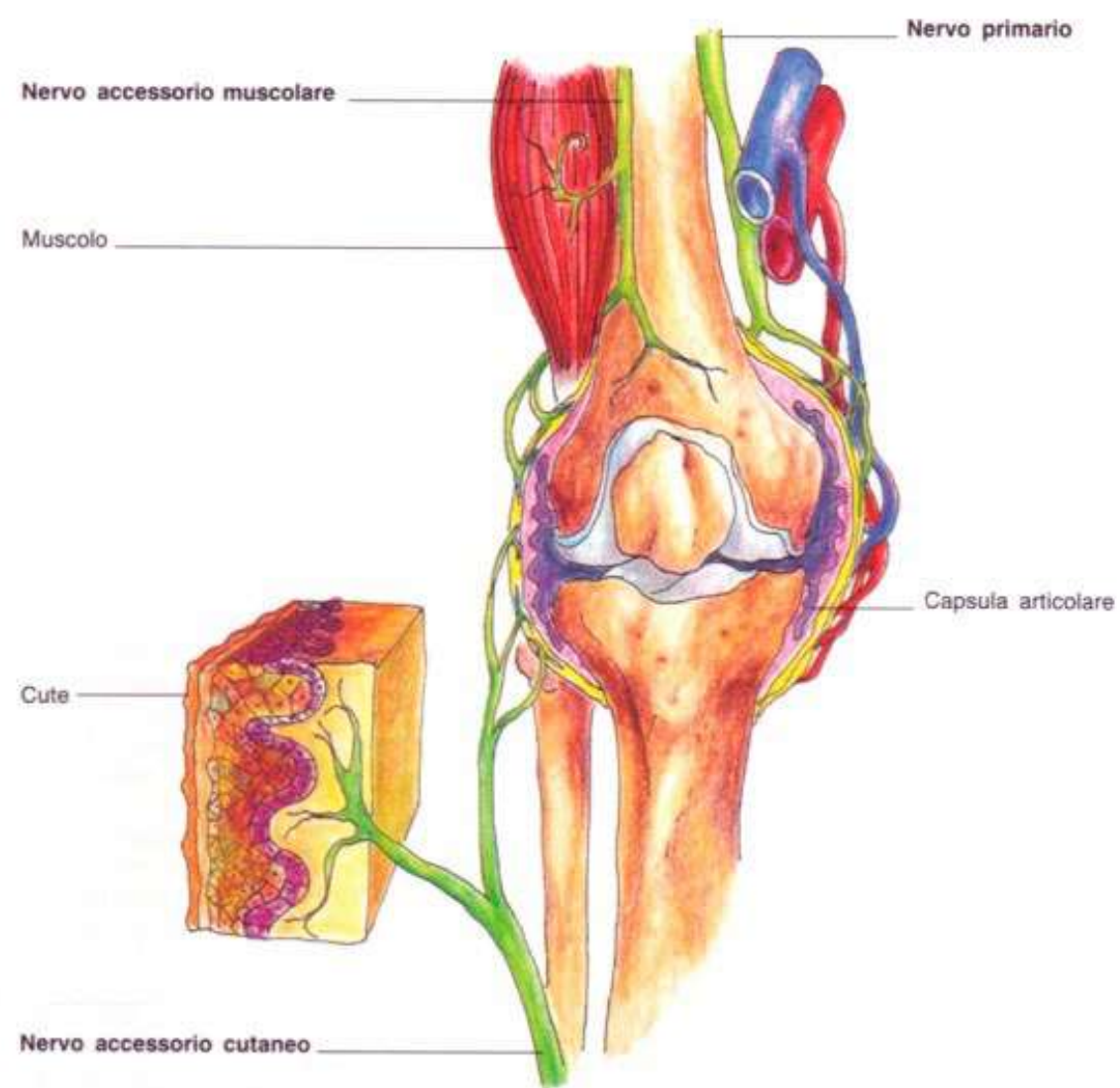
J. Perkins
MS, MFA
© ION



Every layer of nerve is surrounded by fascia.

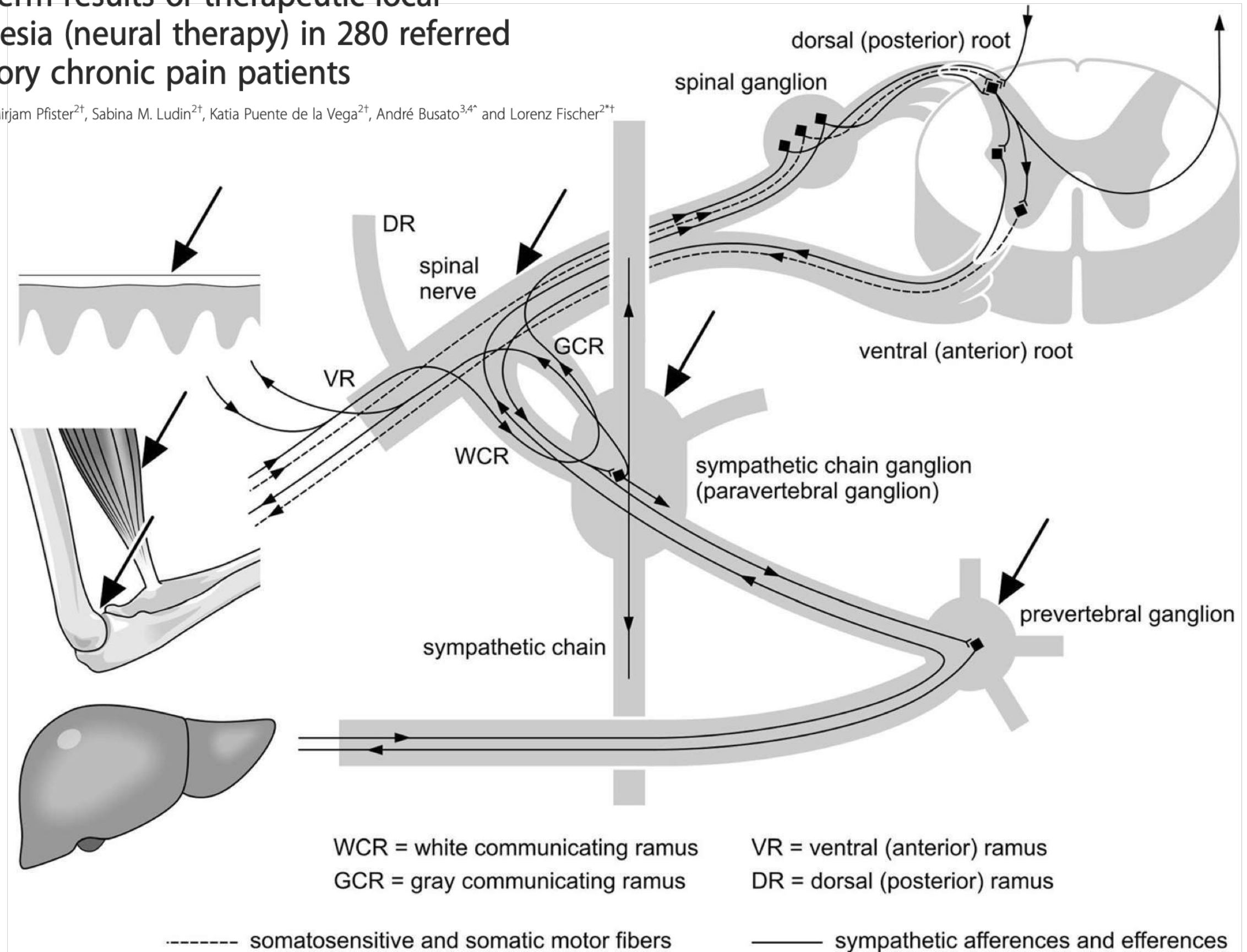
proiezione dermatomerica arco viscero-cutaneo



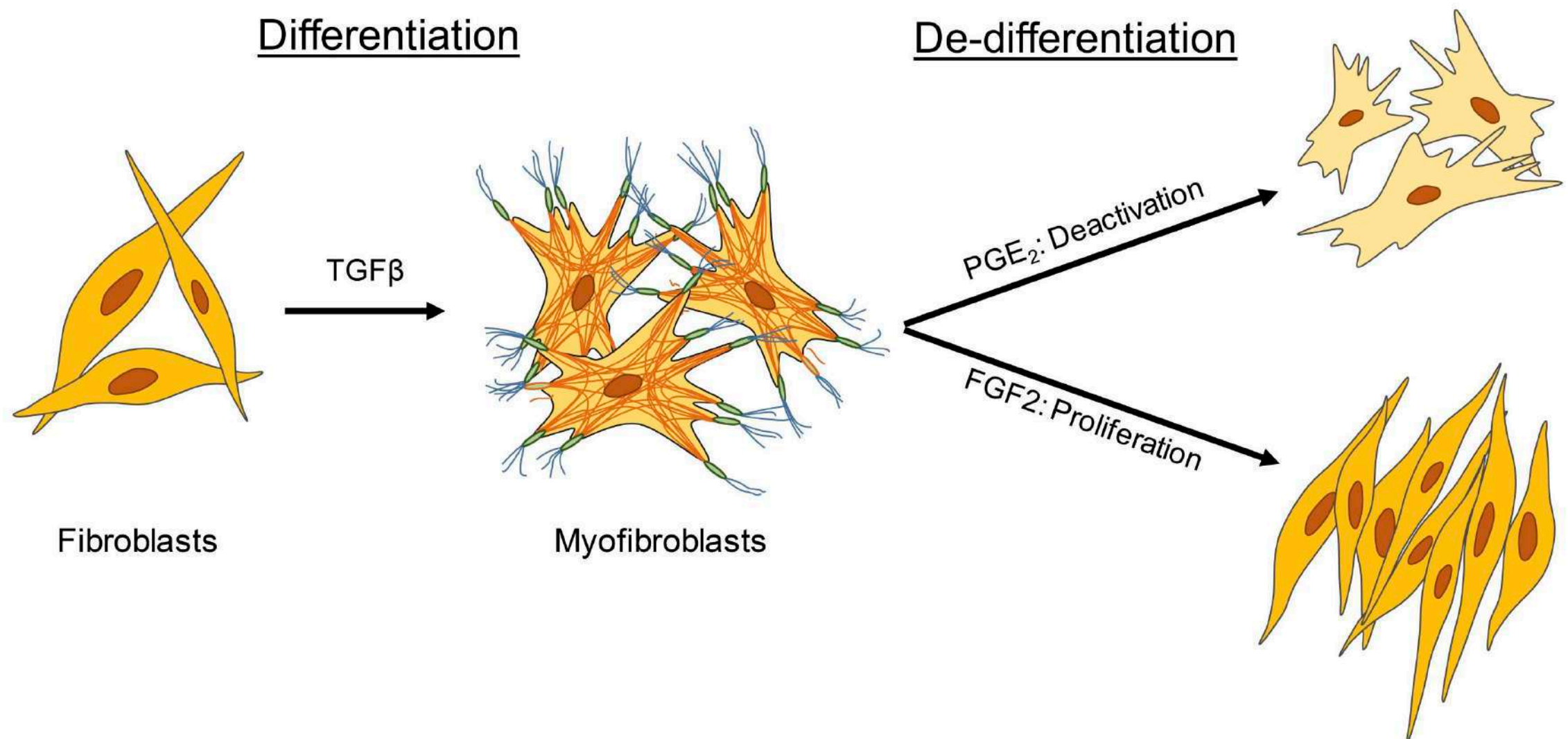


Long-term results of therapeutic local anesthesia (neural therapy) in 280 referred refractory chronic pain patients

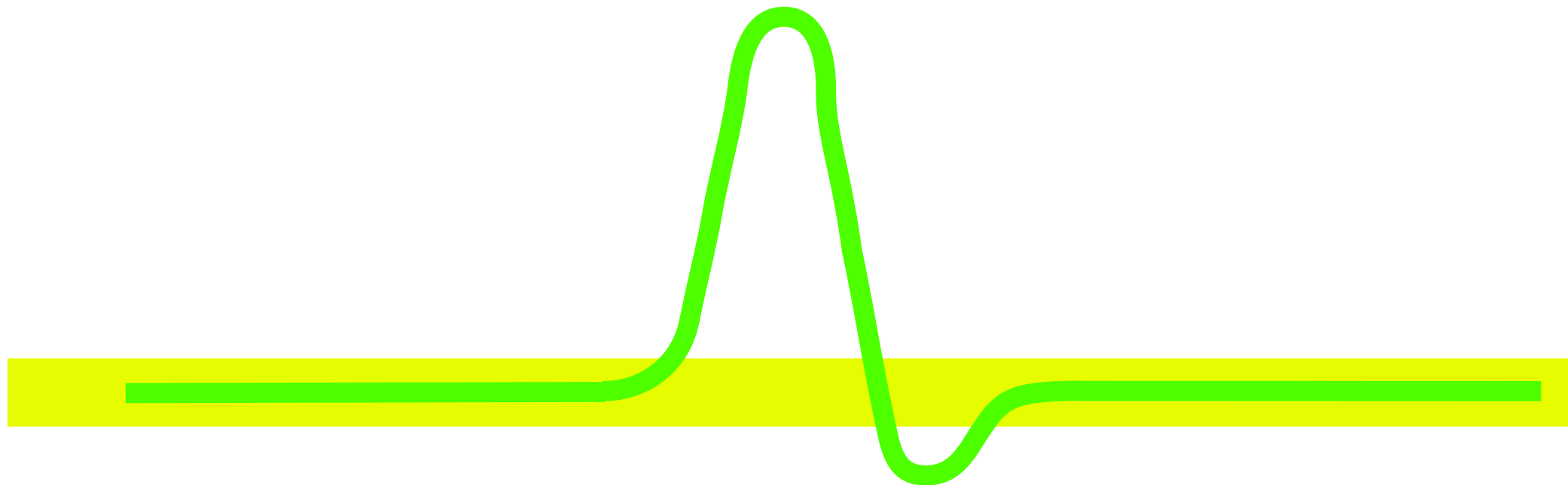
Simon Egli^{1†}, Mirjam Pfister^{2†}, Sabina M. Ludin^{2†}, Katia Puente de la Vega^{2†}, André Busato^{3,4*} and Lorenz Fischer^{2**}



La buona notizia è che il miofibroblasto può de-differenziarsi!



e che la depolarizzazione
può essere corretta!



l'approccio della Terapia Neurale

ANAMNESI

SEMEIOTICA STRUMENTALE

SEMEIOTICA MANUALE





Stecco - Functional Atlas of the Human Fascial System

Splenius muscle
of the neck

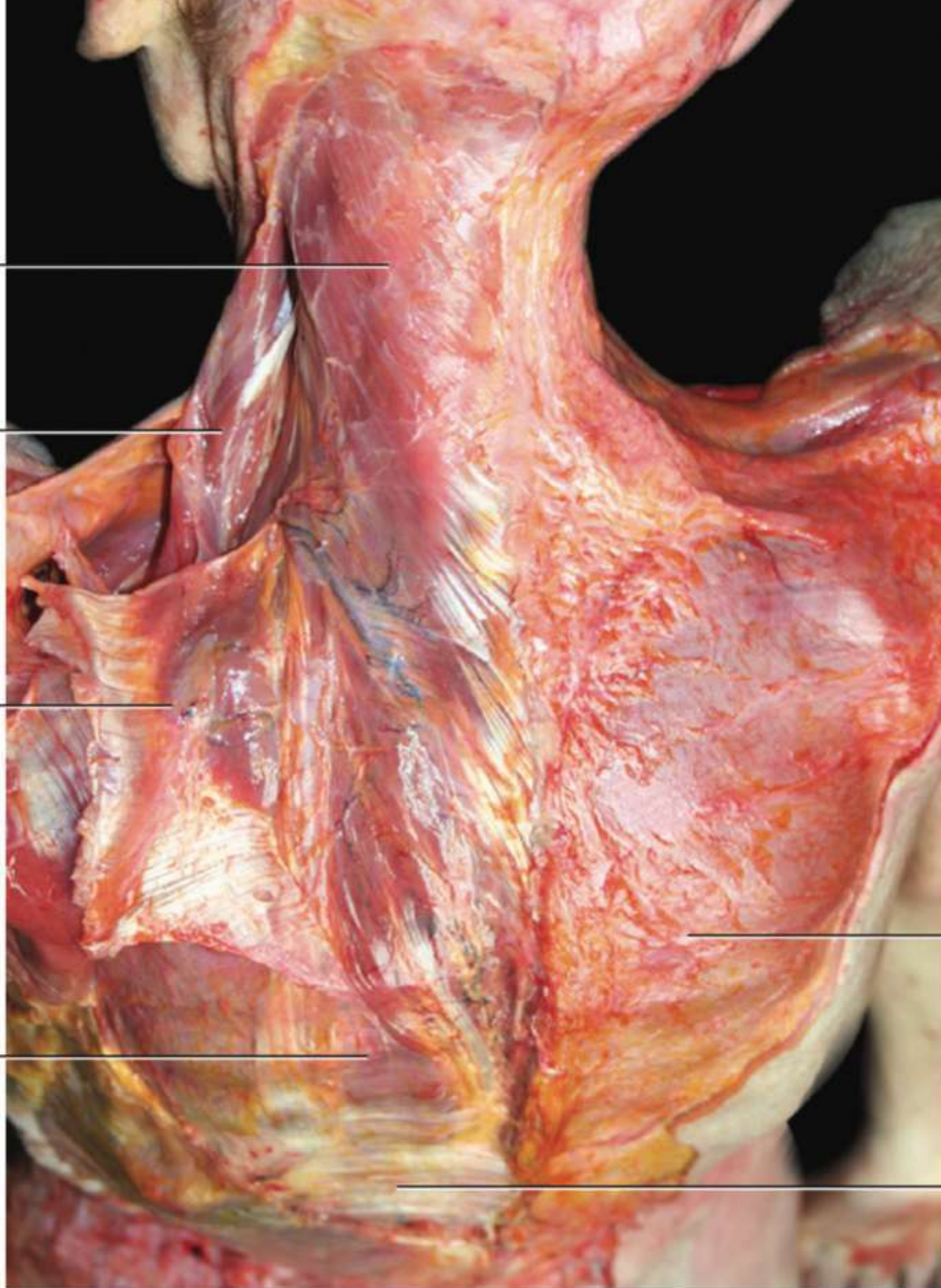
Levator scapulae
muscle

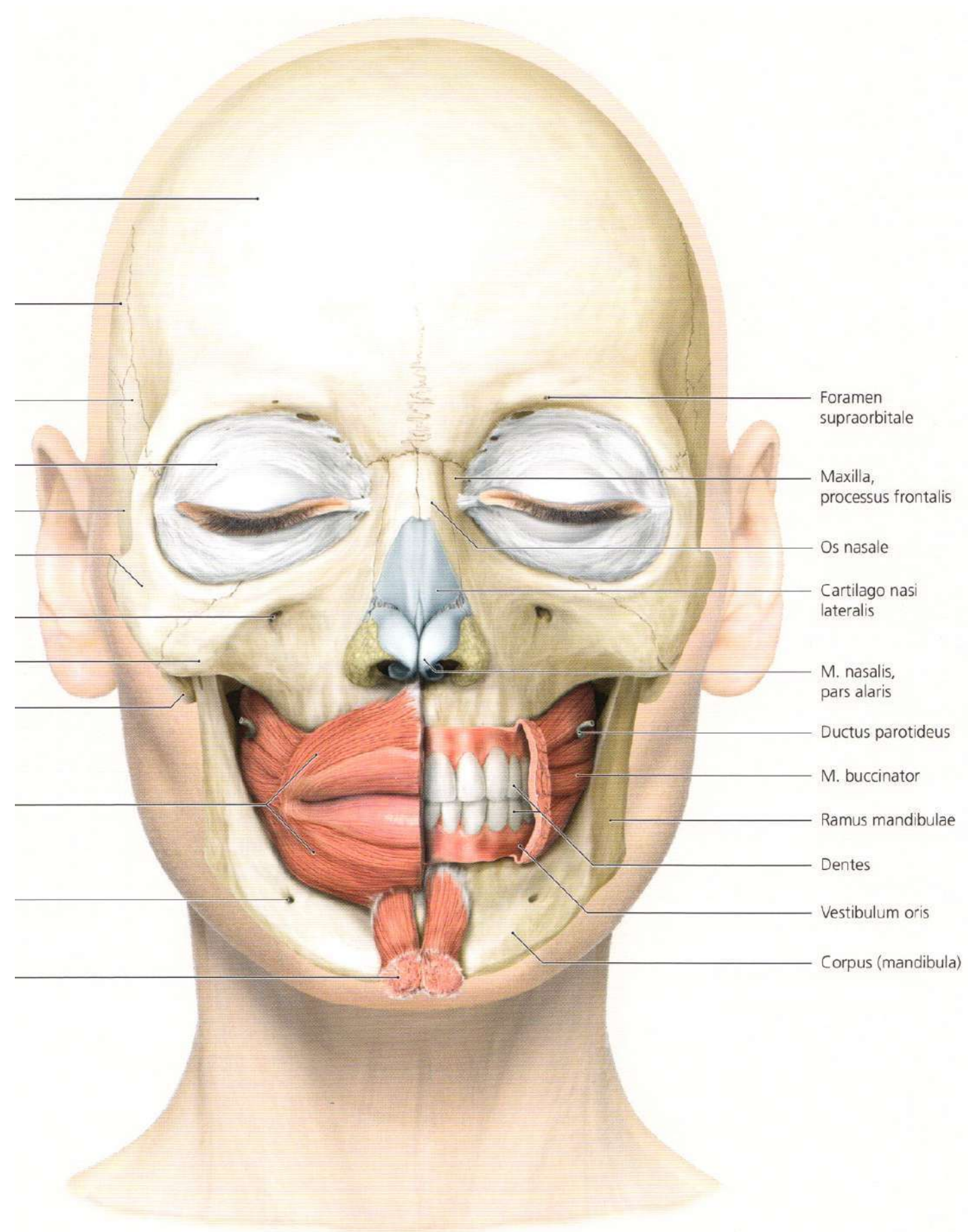
Rhomboids
detached from
the spine and
lifted laterally
together with
the scapula

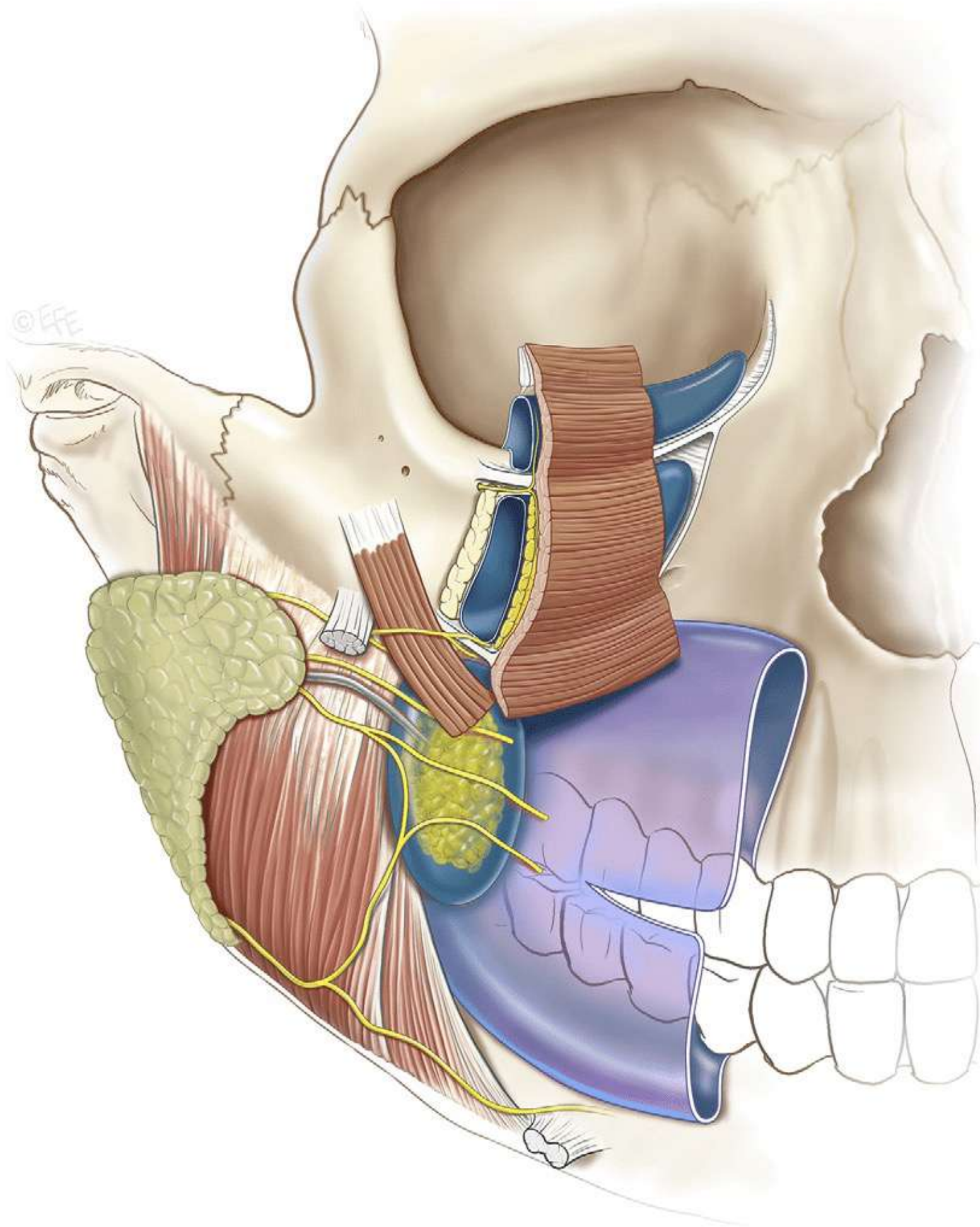
Serrati posterior
fascia

Trapezius muscle
with its fascia

Serratus posterior
inferior muscle









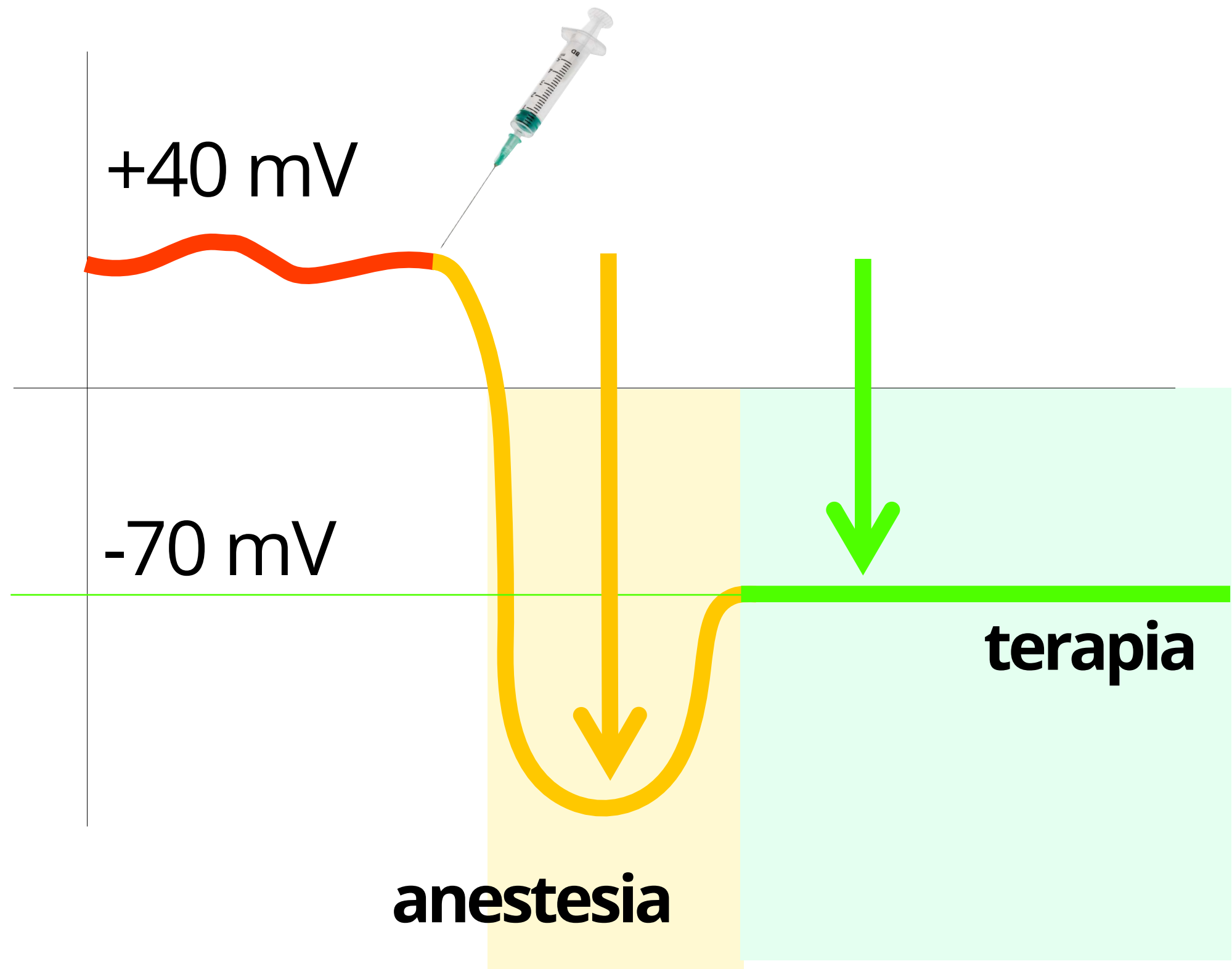


PROCAINA o
LIDOCAINA
CLORIDRATO
in concentrazioni
che vanno dallo
0,2% al 2%

**gli Anestetici Locali
sono**

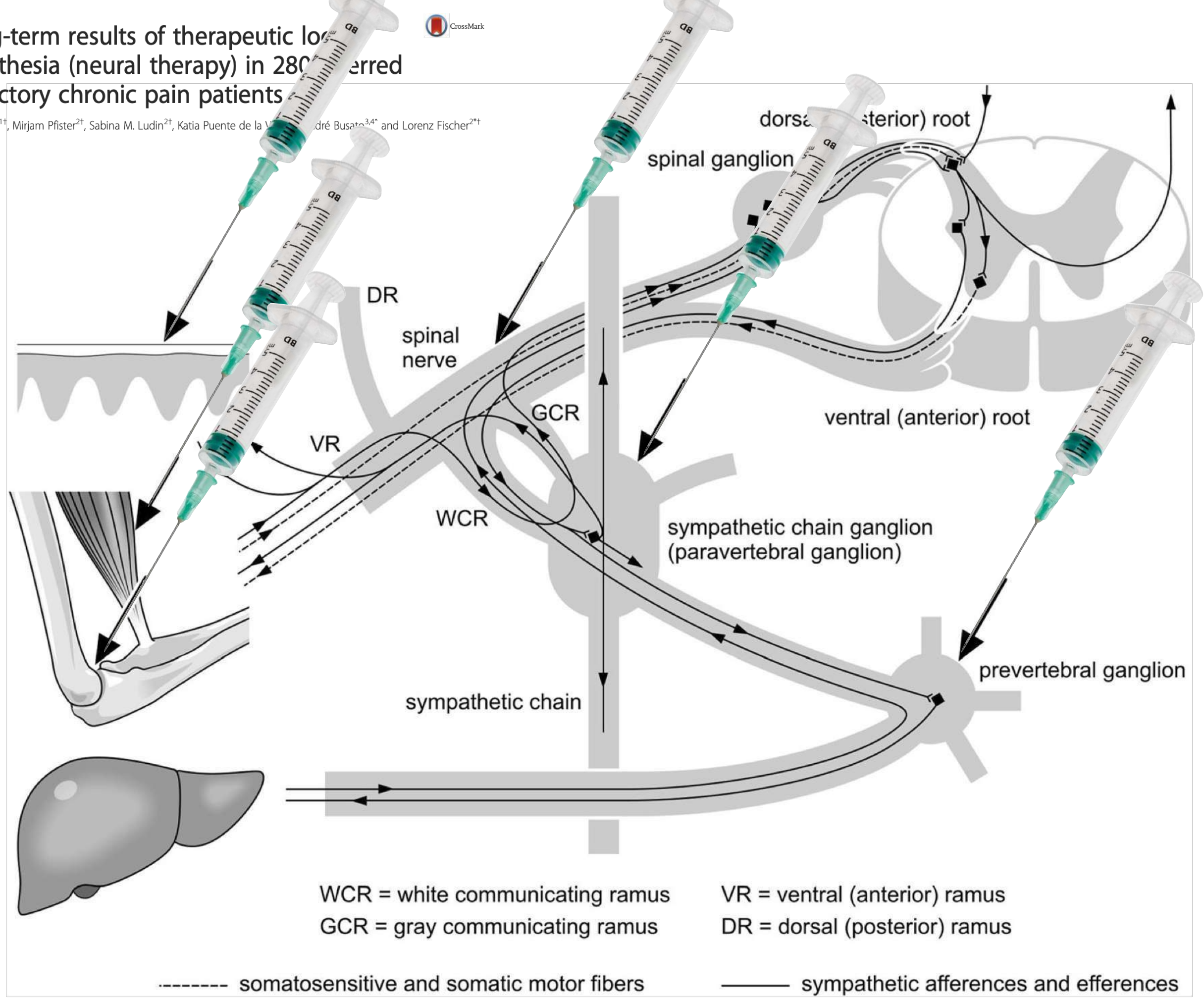
farmaci ripolarizzanti

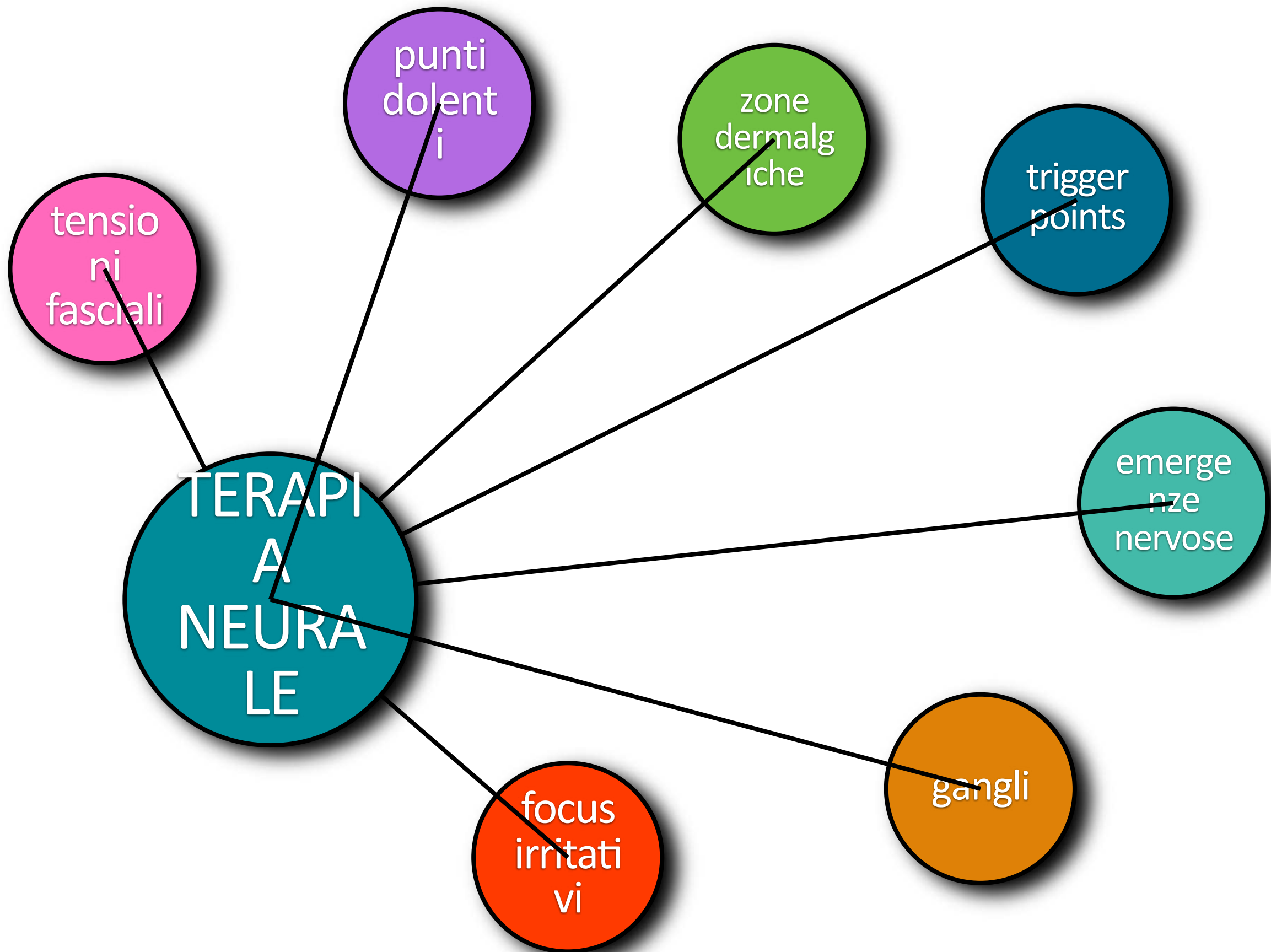
la membrana cellulare

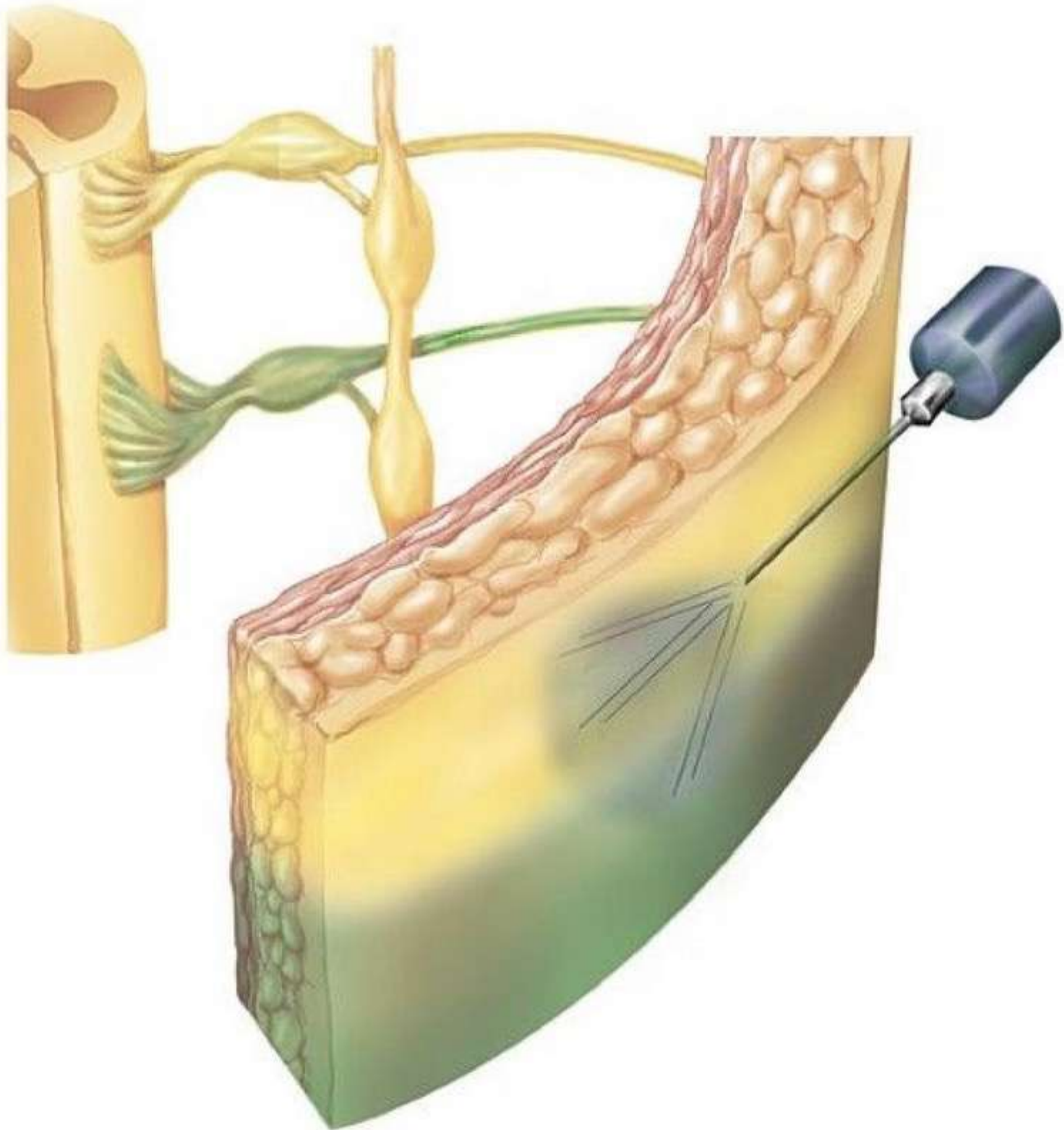


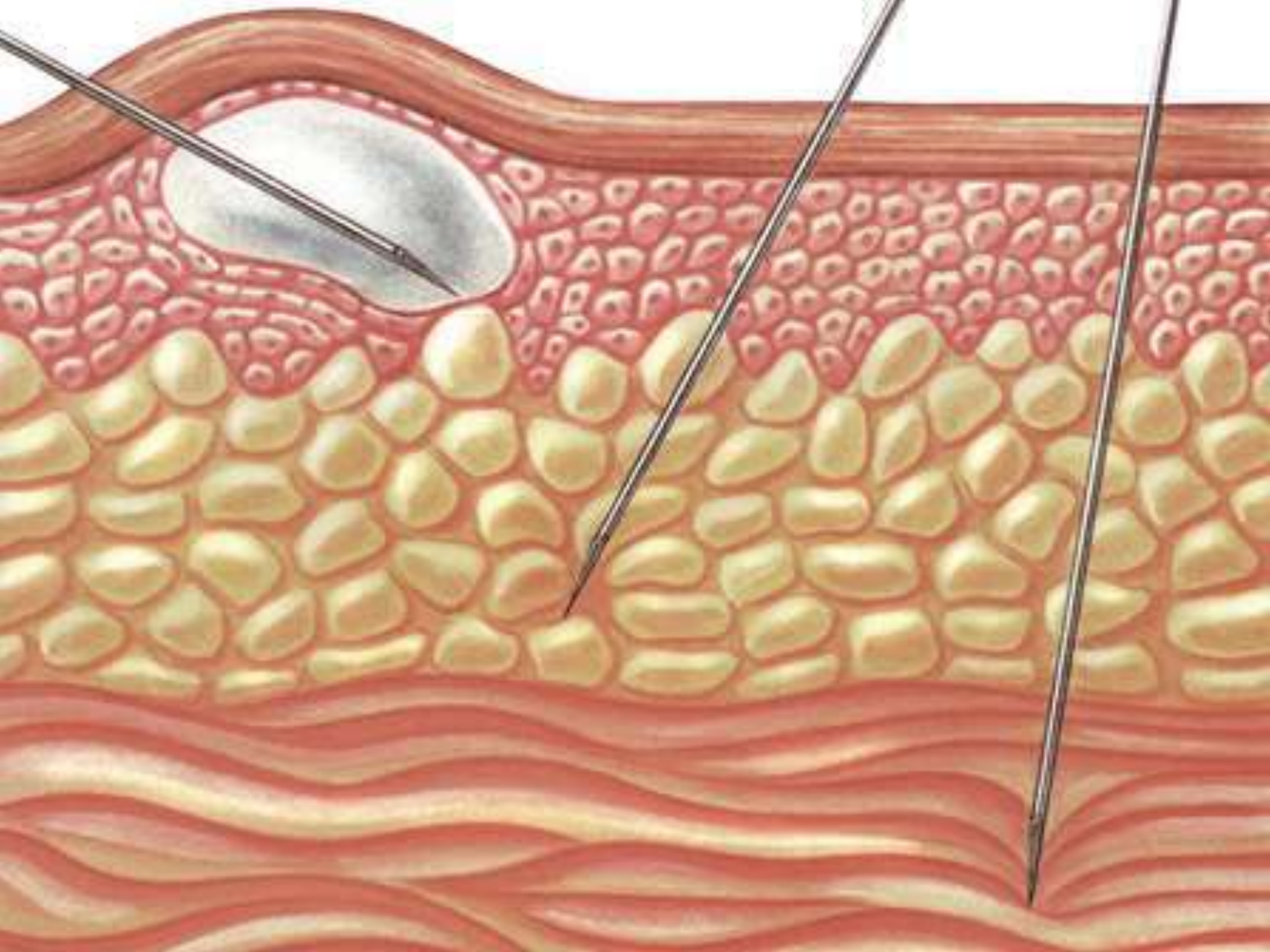
Long-term results of therapeutic local anesthesia (neural therapy) in 280 referred refractory chronic pain patients

Simon Egli^{1†}, Mirjam Pfister^{2†}, Sabina M. Ludin^{2†}, Katia Puente de la Vega³, André Busato^{3,4*} and Lorenz Fischer^{2†}



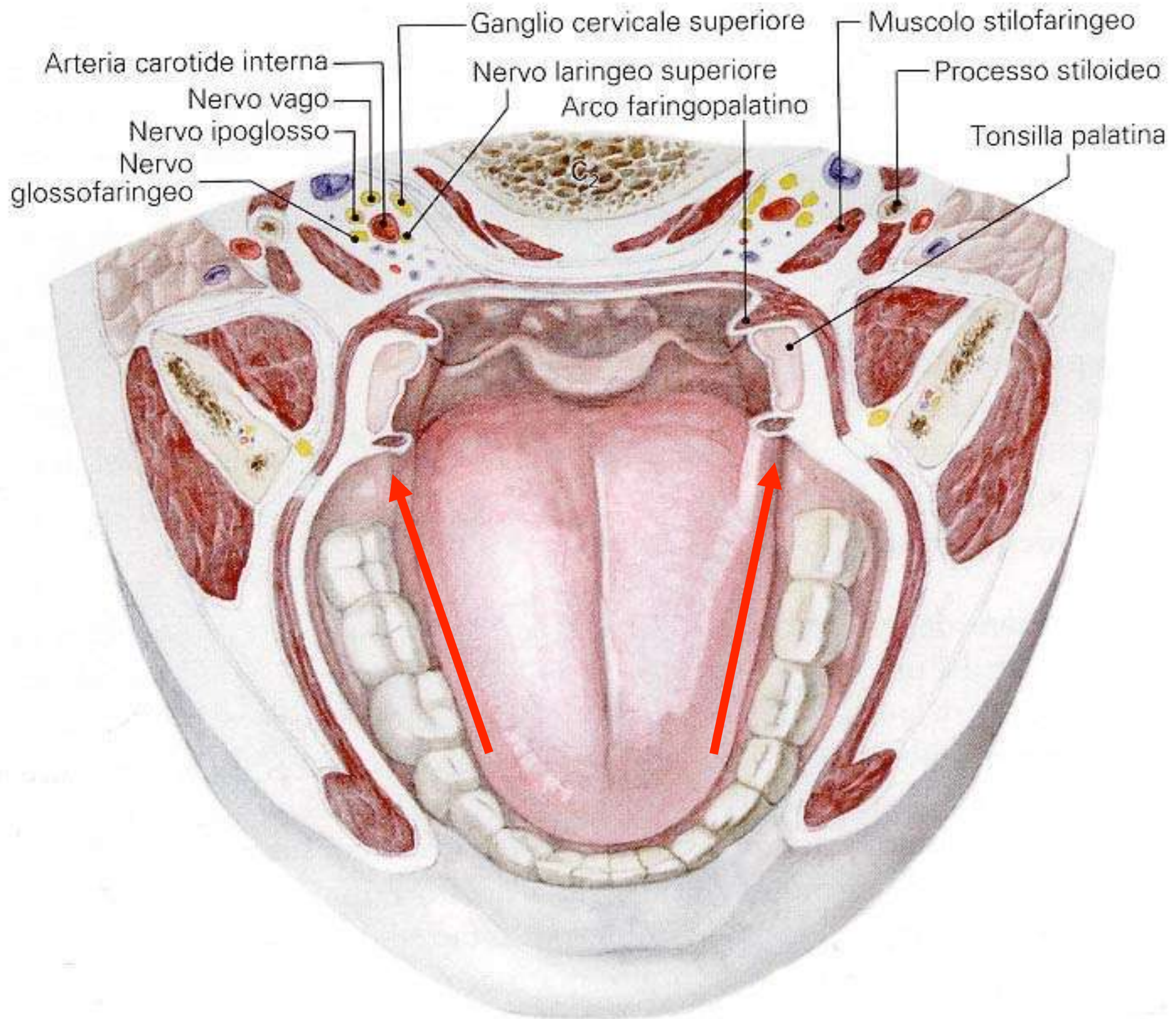


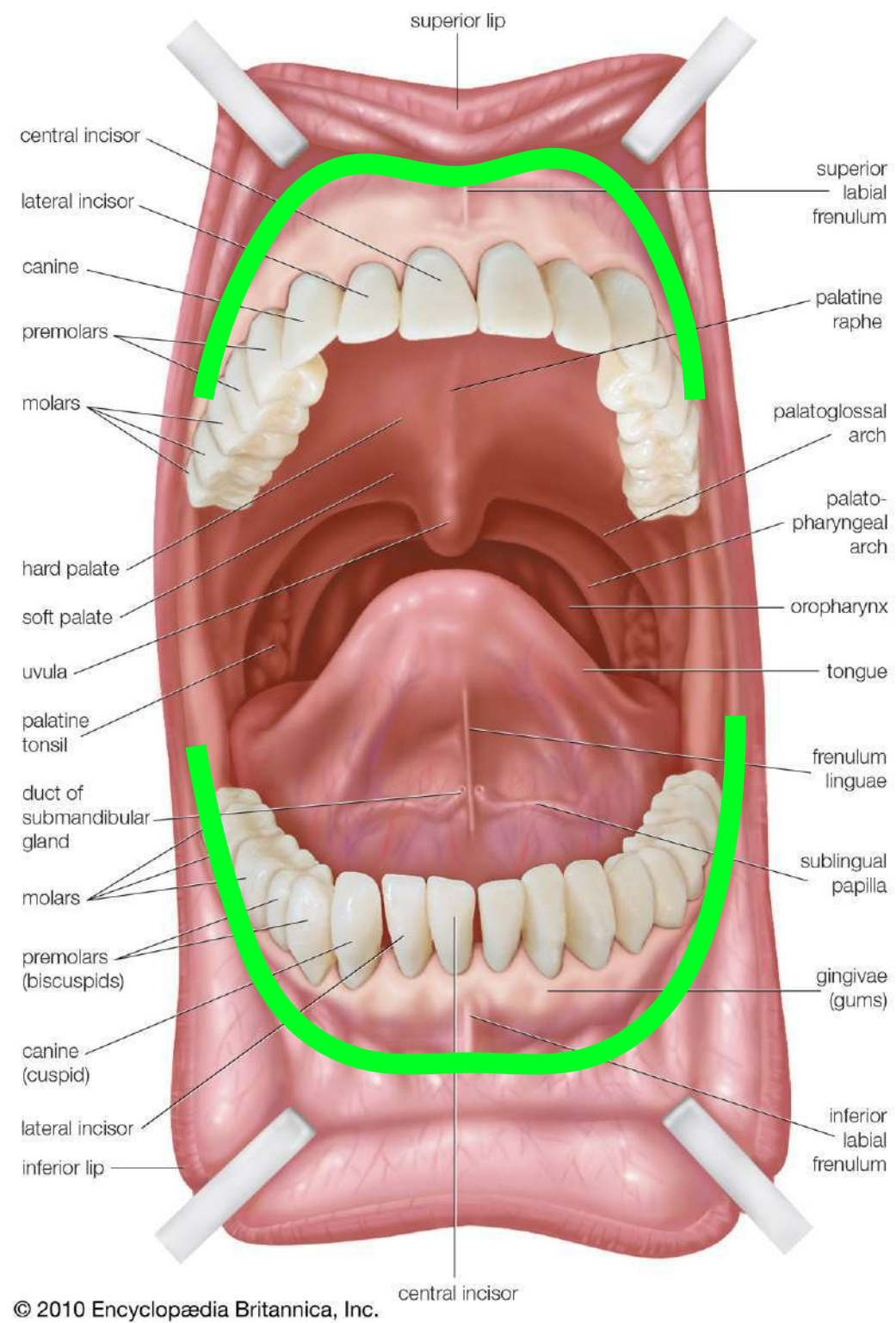




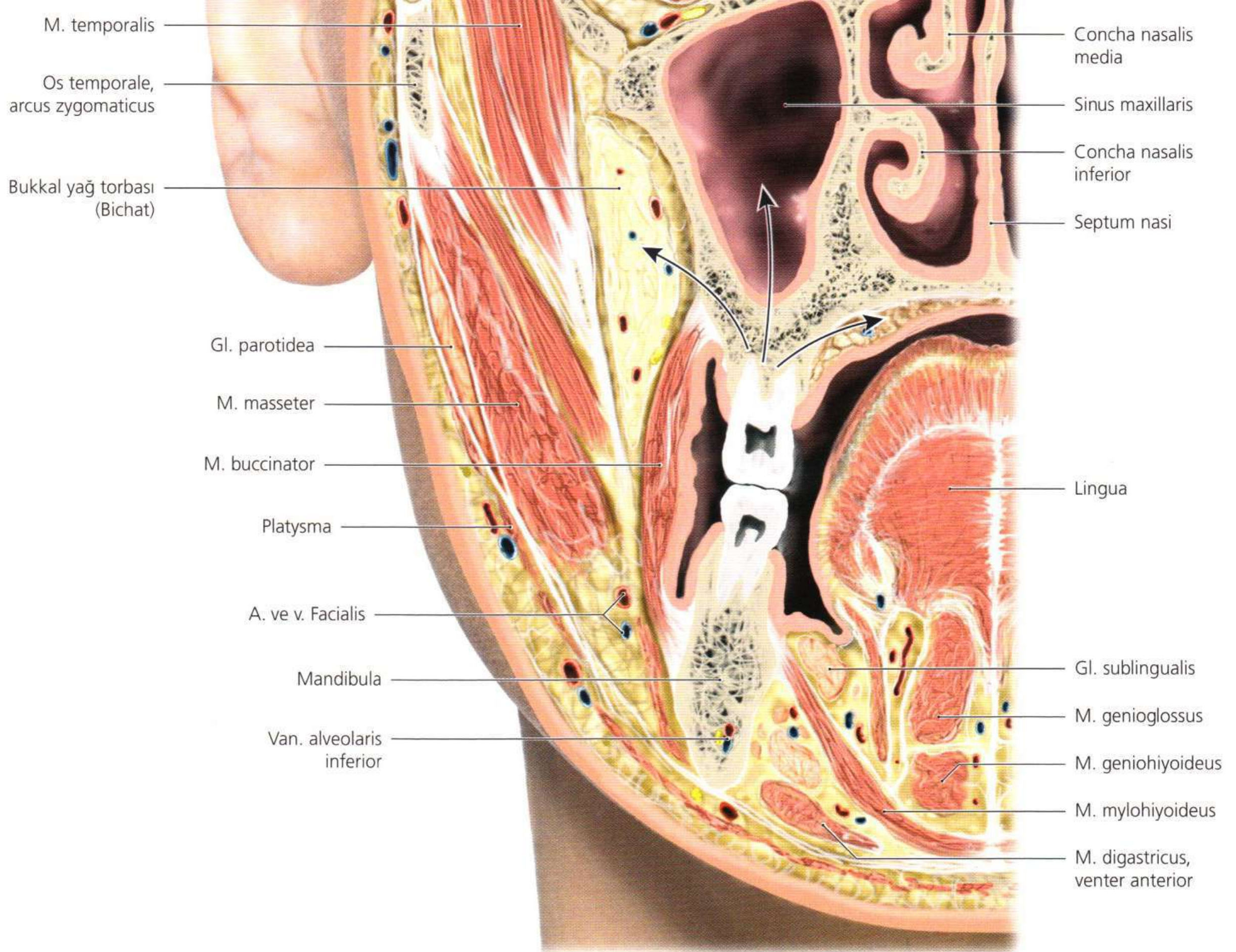










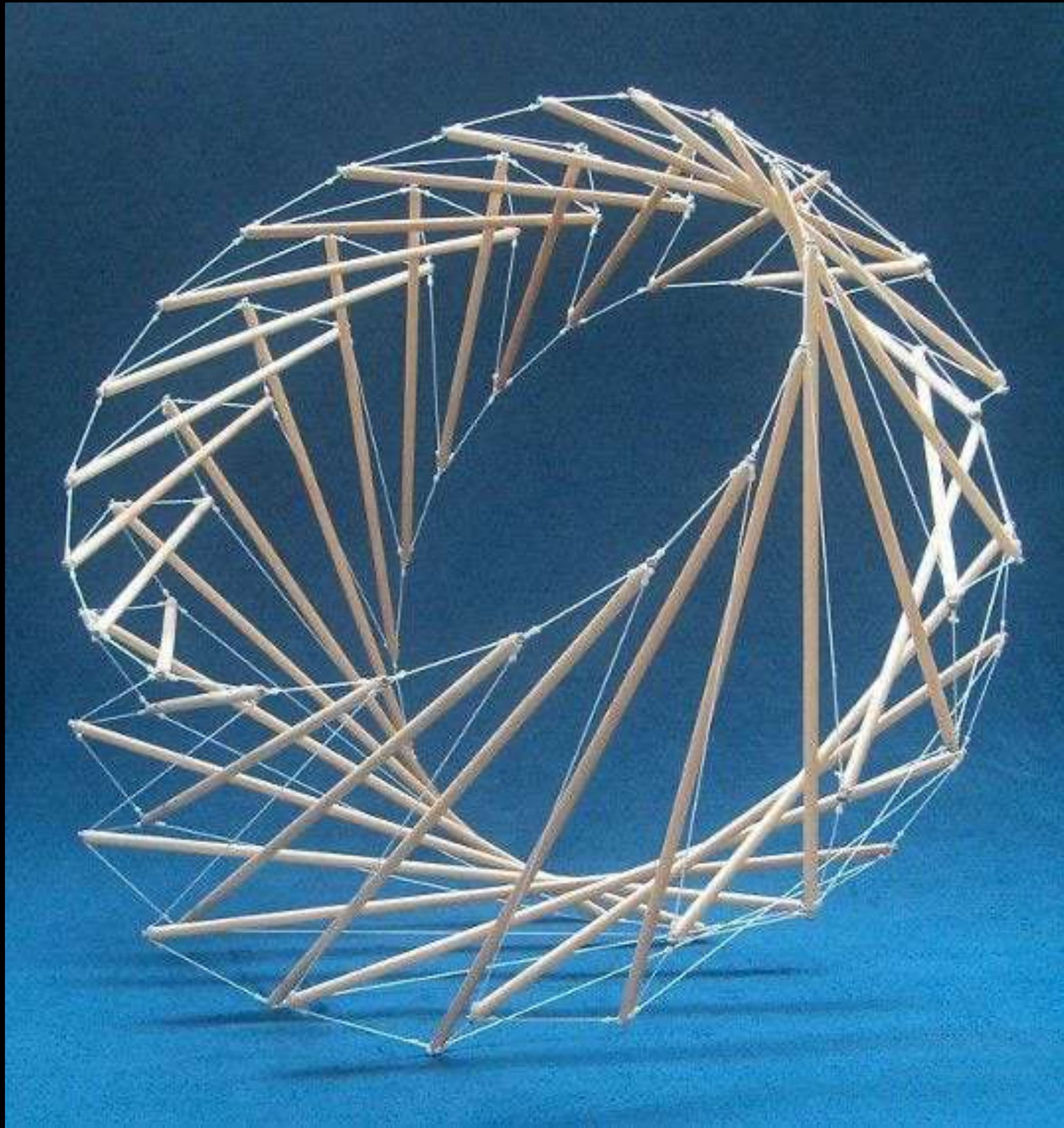


intervenire con la **procaina a basse dosi
nella sottomucosa orale consente:**

- **liberazione delle catene miofasciali**
- **miglioramento del dolore/disfunzione
a distanza**

**senza la necessità di seguire una
distribuzione metamerica o
dermatomerica**

tensegrità



La Terapia Neurale in 3 punti:





1

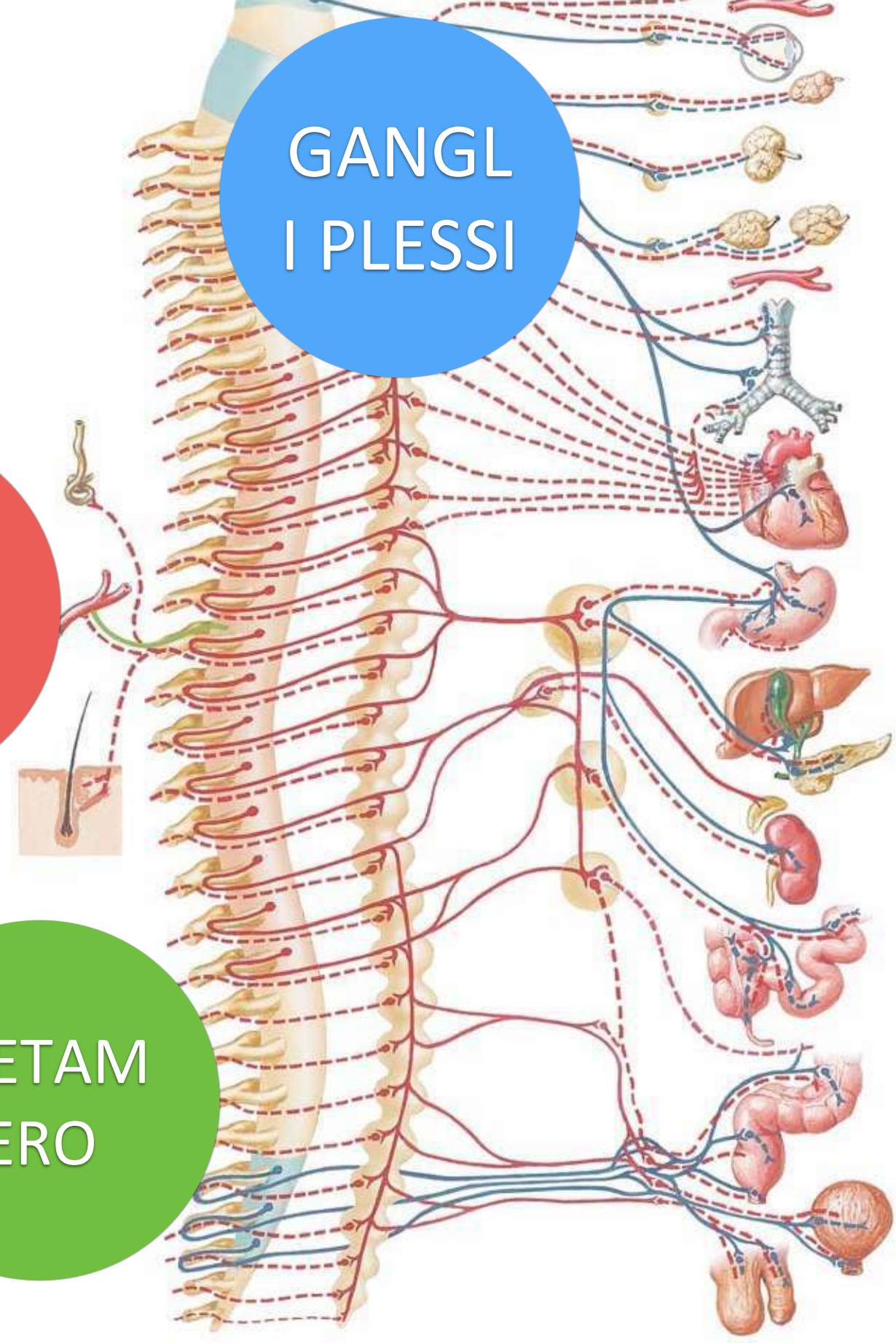
**Ogni tessuto, organo
o sistema è sotto il
controllo del Sistema
Nervoso Autonomo.
Significa che questi
ne controlla
perfusione, trofismo
e funzionalità.**



L'infiammazione è neuromodulata, nel senso che è innescata o mantenuta dal Sistema Ortosimpatico, e frenata dal Parasimpatico. Questo controllo può deragliare, a causa di traumi, sovraccarichi o focus irritativi.

3

**La Terapia Neurale
ripristina la
funzionalità originaria,
trattando con
Anestetici Locali
le sedi di lesione, le
fibre nervose, o le aree
riflesse di pertinenza.**



GANGLI
I PLESSI

FOCUS
IRRITATIVO

METAMERO

come approfondire?



ASSOCIAZIONE ITALIANA DI TERAPIA NEURALE

www.neuralia.eu

21-22-23 OTTOBRE 2022
ONLINE
7° CONGRESSO
INTERNAZIONALE
DI TERAPIA NEURALE



TRADUZIONE
IN ITALIANO
INGLESE E
SPAGNOLO

Venerdì 21

ORE 15,00 - 15,15 **Saluto del Presidente di NEURALIA** Dr. Giorgio Romani

Moderatrice: Dr.ssa Claudia Bassanino

ORE 15,15-15,45 Dr. Bart **VANDEWYNCKELE**
"Procaina come amore liquido. Emozioni e loro espressioni fisiche da trattare con la Terapia Neurale"

ORE 15,45-16,00 **Domande ai relatori**

ORE 16,00 -16,30 Dr. Richard **NAHAS**
"Panoramica dei campi di interferenza, o blocchi, come lesione fisiopatologica distinta"

ORE 16,30-16,45 **Domande ai relatori e pausa**

ORE 17,15-17,45 Dr. Petja **PIEHLER**
"La terapia Neurale come potente partner nel trattamento olistico dei disturbi del microbioma"

ORE 17,45-18,00 **Domande ai relatori**

ORE 18,00-18,30 Dr. Felix Joyonto **SAHA**
"Punti di Adler-Langer: nuovi dati da uno studio randomizzato"

ORE 18,30-18,45 **Domande ai relatori e fine lavori**

Sabato 22

ORE 15,00 -15,15 **Saluto del Presidente di NEURALIA** Dr. Giorgio Romani

Moderatore: Dr. David Vinyes Casajoana

ORE 15,15-15,45 Dr. Ricardo **AITA**
"L'emozionalità dell'animale e l'approccio con la TN"

ORE 15,45-16,00 **Domande ai relatori**

ORE 16,00 -16,30 Dr. Juan Pablo **GRAMAJO SALOMON**
"Odontoiatria neurofocale, ritorno alle radici"

ORE 16,30-16,45 **Domande ai relatori e pausa**

ORE 17,15-17,45 Dr.ssa Teresa **GARCIA CABALLERO**
"L'equilibrio dell'energia femminile e maschile in TN"

ORE 17,45-18,00 **Domande ai relatori**

ORE 18,00-18,30 Dr. Jorge **KACZEWER**
"Teorie dell'emozione nella Terapia Neurale: il superamento del cerebrocentrismo affettivo nell'era neurocentrica"

ORE 18,30-18,45 **Domande ai relatori e fine lavori**

Domenica 23

ORE 15,00 -15,15 **Saluto del Presidente di NEURALIA** Dr. Giorgio Romani

Moderatore: Dr. Michele Acanfora

ORE 15,00 -15,30 Dr. Franco **DONATI**
"Proposta per una nuova tecnica infiltrativa del diaframma urogenitale e del nervo pudendo"

ORE 15,30-16,00 Dr.ssa Claudia **GIAGNONI**
"Terapia Neurale in ambulatorio dermatologico: alcuni casi clinici"

ORE 16,00 -16,30 Dr. Pablo **POLICASTRO**
"Procaina nella elettrofisiologia cardiaca: un case report di cardioversione farmacologica in PSVT"

ORE 16,30-17,15 **Domande ai relatori e Pausa**

ORE 17,15 -17,45 Dr. Gianni **SARACINI**
"Artrosi dell'anca: riflessioni in chiave neurale"

ORE 17,45-18,15 Dr. Fausto Generoso **BELLABONA**
"Terapia Neurale nella Medicina dei Microsistemi"

ORE 18,15 -18,45 Dr. Giorgio **ROMANI**
"Connessione tra Terapia Neurale e Medicina Ambientale Clinica"

SCUOLA ITALIANA DI TERAPIA NEURALE BOLOGNA 2023



neuralia

ASSOCIAZIONE ITALIANA DI TERAPIA NEURALE



International Federation of Medical Associations of Neural Therapy

Internationaler Dachverband der Medizinischen Gesellschaften für Neuraltherapie
Federación Internacional de Asociaciones Médicas de Terapia Neural

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GERMAN

SPANISH

Contact:

Ms. Erika Rieder



The first preliminary talks to found an international umbrella organization for neural therapy took place in October 2011. After further discussions in Frankfurt and Istanbul, the IFMANT was founded in Germany on 2 November 2012 in Baden Baden.

At the last General Assembly on November 2, 2018, Brazil and Italy were admitted as full members and Hungary as extraordinary member. The next general meeting will be held at the International Forum Neural Therapy 2019 from 04.-06. October 2019 in Vienna.

IFMANT tasks and objectives:

IFMANT evaluates in which countries Neural Therapy associations are established and the status of associations in the health system of the respective country.

IFMANT accepts only medical Neural Therapy associations as members.

IFMANT acts as an observer on the Neural Therapy education in the individual countries, as defined in the evidence sheet for Neural Therapy associations, in order to achieve and guarantee comparable educational standards.

IFMANT facilitates the contact and cooperation between the respective Neural Therapy associations

IFMANT facilitates the exchange of scientific information among the member associations.

IFMANT provides an overview of the developments and the progress of the method.

IFMANT helps worldwide in the collection and dissemination of neural therapeutic publications.

IFMANT supports internationally the development of scientific foundations of Neural Therapy.

IFMANT publishes the programs of the annual international and other important neural therapeutic events.

IFMANT is in contact with organizations that are responsible for the public health policy in order to make public the degree of recognition and the importance of the method.



[Charta Neural Therapy 2016](#)



grazie!

