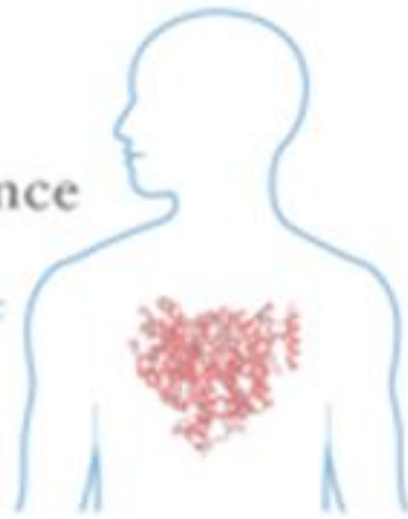


MRTBS 2024  
1st International Conference  
Modern research trends in  
biomedical sciences: a holistic  
approach to health care  
Opole, Poland, 17-19.04.2024



## **Bio-Physico-Metric-Approach in Musculoskeletal Dysfunction**

Focused Mechano-Acoustic Vibrations in Chronic pain:  
bio-physico-metric path, key trigger points and posture

Giovanni Barassi MSc, BSc(Hons), D.O.

\*PhD in Advanced Sciences and Technologies in  
Rehabilitation Medicine and Sport

\*Lecturer Faculty of Medicine and Surgery: Catholic  
University of Rome/Campobasso

\*Lecturer (subject expert) School of Medicine and  
Health Sciences "G.d'Annunzio" University Chieti-  
Pescara

\*Ce.Fi.R.R. (Physiotherapy, Rehabilitation and  
Re-education Centre)

Teaching headquarters "G.d'Annunzio" University  
of Chieti-Pescara

Viale Abruzzo, 322-Chieti (Ch)-Italy

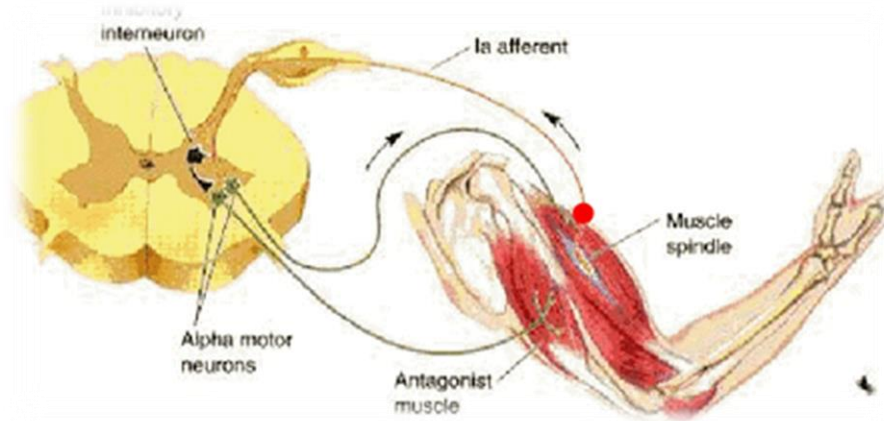


# POSTURE

MRTBS 2024  
1st International Conference  
Modern research trends in  
biomedical sciences: a holistic  
approach to health care  
Opole, Poland, 17-19.04.2024



## “SPINAL CORD REFLEX MANIFESTATION OF CONVERGENCES AND FACILITATION, SECONDARY TO CORTICAL EXPRESSIVENESS”



PubMed®

Advanced

Search results

Save

Email

> Int J Environ Res Public Health. 2021 Mar 28;18(7):3507. doi: 10.3390/ijerph18073507.

### Posture and Health: Are the Biomechanical Postural Evaluation and the Postural Evaluation Questionnaire Comparable to and Predictive of the Digitized Biometrics Examination?

Giovanni Barassi <sup>1</sup>, Edoardo Di Simone <sup>1</sup>, Piero Galasso <sup>2</sup>, Salvatore Cristiani <sup>3</sup>, Marco Supplizi <sup>1</sup>, Leonidas Kontochristos <sup>1</sup>, Simona Colarusso <sup>4</sup>, Christian Pasquale Visciano <sup>1</sup>, Pietro Marano <sup>5</sup>, Di Iulio Antonella <sup>6</sup>, Orazio Giancola <sup>7</sup>

Affiliations + expand

PMID: 33800610 PMCID: PMC8038060 DOI: 10.3390/ijerph18073507

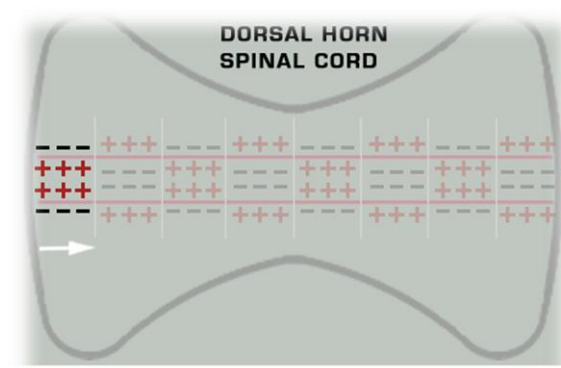
Free PMC article

#### Abstract

**Background:** Postural tone alterations are expressions of myofascial and, therefore, of structural, visceral, and emotional disorders. To prevent these disorders, this study proposes a quantitative investigation method which administers a postural evaluation questionnaire and a postural biomechanical evaluation to 100 healthy subjects.

Barassi, G., Panunzio, M., Galasso, P., Moccia, A., Colombo, A., Praitano, B., Licameli, M., Di Bussolo, G., D'Ambrosio, L., Maurelli, R. and Sticca, G. 2023. **POSTURAL VALUATION IN CHILDREN AND ADOLESCENTS: POSTURE CLASSIFICATION.** Journal of Advanced Health Care. 5, 2 (Sep. 2023). DOI:https://doi.org/10.36017/jahc52228

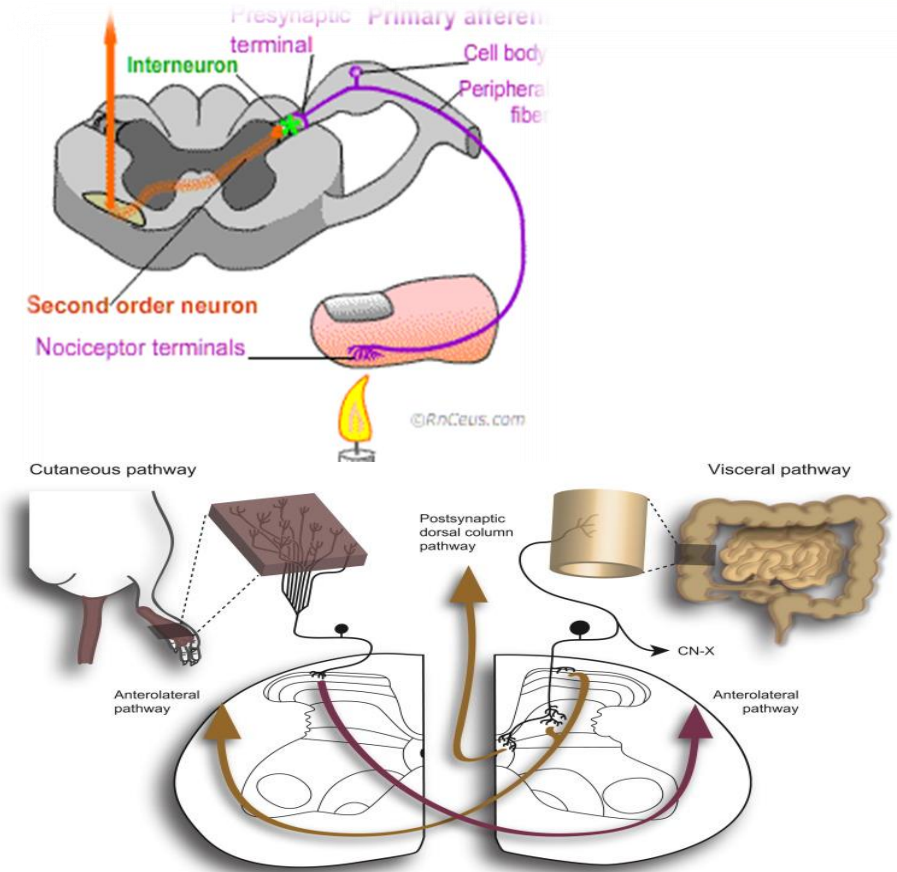
# SPINAL CONVERGENCE



**VISCERAL AND SOMATIC RELATIONSHIPS  
(MOMENTANEOUS AND LASTING)  
ADAPTATIONS FROM EMOTIONAL STIMULI**



**VISCERAL (AUTONOMIC) AND SOMATIC  
NERVES**



Cervero F, Connell LA, Lawson SN. Somatic and visceral primary afferents in the lower thoracic dorsal root ganglia of the cat. J Comp Neurol. 1984 Sep 20;228(3):422-31.

Blitshteyn S, Whitelaw S. Postural orthostatic tachycardia syndrome (POTS) and other autonomic disorders after COVID-19 infection: a case series of 20 patients. Immunol Res. 2021 Apr;69(2):205-211. doi: 10.1007/s12026-021-09185-5. Epub 2021 Mar 30.

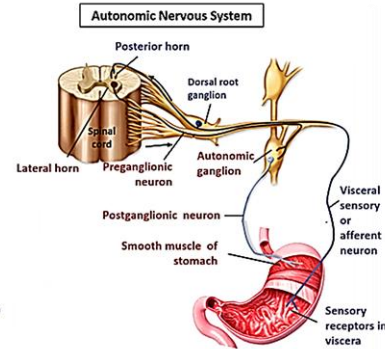
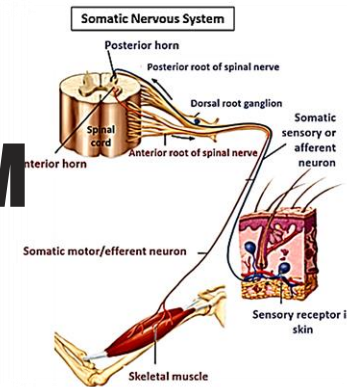
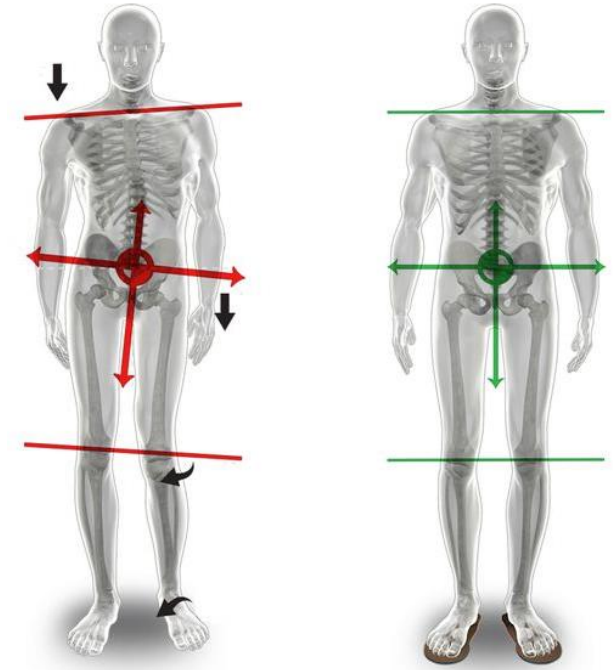
Korr IM. Proprioceptors and somatic dysfunction. J Am Osteopath Assoc. 1975 Mar;74(7):638-50. PMID: 124754.

# SPINAL FACILITATION

**1. SOMATIC OR VISCERAL DYSFUNCTIONS OR BOTH ARE ABLE TO FACILITATE THE SPINAL CORD AND CONSEQUENTLY CAUSE THE ALTERATION OF THE EFFERENT BY THE ANTERIOR ROOTS**

**2. THE SOMATIC AND VISCERAL SENSORY AND MOTOR NERVES:**

**3. ANATOMICAL AND FUNCTIONAL ARRANGEMENT OF METAMERIC TYPE IN THEIR COURSE TOWARDS AND FROM THE SPINAL CORD...**



Giamberardino MA, Affaitati G, Fabrizio A, Costantini R. **Myofascial pain syndromes and their evaluation.** Best Pract Res Clin Rheumatol. 2011 Apr;25(2):185-98. doi: 10.1016/j.berh.2011.01.002. PMID: 22094195 Review.

Giamberardino MA, Vecchiet L. **Visceral pain, referred hyperalgesia and outcome: new concepts.** Eur J Anaesthesiol Suppl. 1995 May;10:61-6. PMID: 7641646 Review.

Kagitani F, Kimura A, Sato A, Suzuki A. **The role of the spinal cord as a reflex center for the somatically induced reflex responses of splenic sympathetic and natural killer cell activity in anesthetized rats.** Neurosci Lett. 1996 Oct 18;217(2-3):109-12.

Sato A. **Somatovisceral reflexes.** J Manipulative Physiol Ther. 1995 Nov-Dec;18(9):597-602. PMID: 8775021

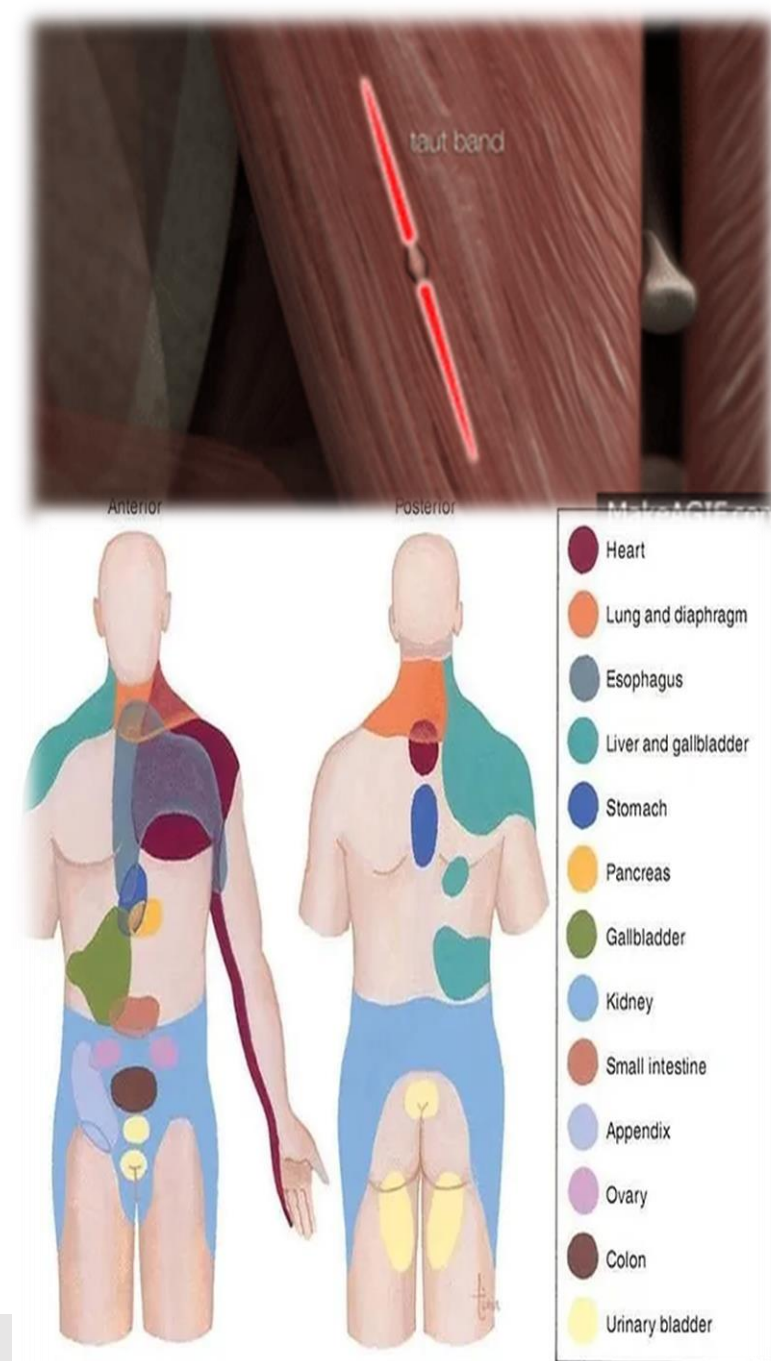
# CHRONIC INFLAMMATION PAIN AND POSTURE

**Hyperfunctioning PRIMARY AFFERENT NOCICEPTORS INCREASE IN THE FUNCTIONS OF THE ANTERIOR ROOTS**

**A CONSEQUENTIAL INCREASE IN THE TONIC STATE OF THE MUSCLES ASSOCIATED WITH THAT SPINAL SEGMENT**

**IT IS POSSIBLE TO OBSERVE AT A CLINICAL LEVEL AN ALTERATION IN THE RANGE OF JOINT MOVEMENT OF MUSCLE TONE (MYOFASCIAL TRIGGER POINTS) AND AN ALTERATION OF POSTURE.**

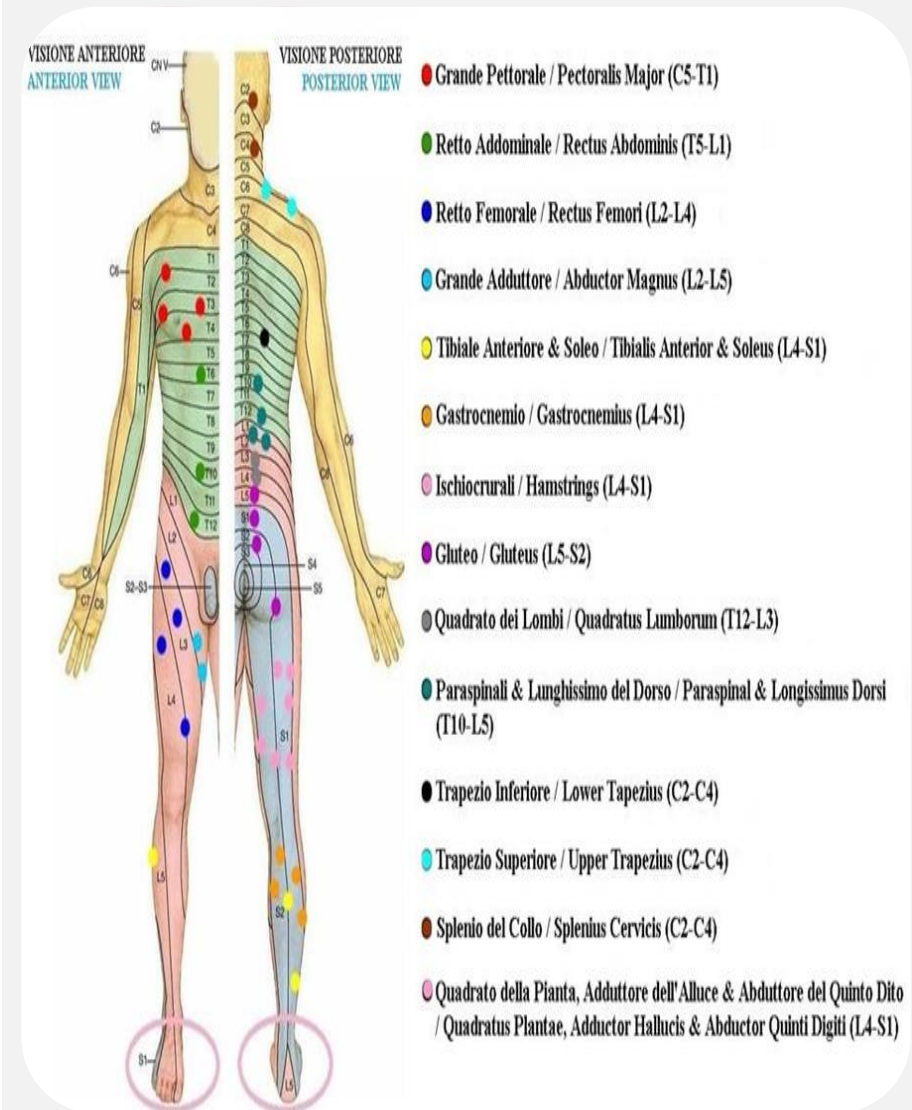
**AFFERENT «CONVERGENT ON THE SPINAL CIRCUIT AND SPINAL FACILITATION»**



Referred pain. The sites for referred pain from various organs are shown.

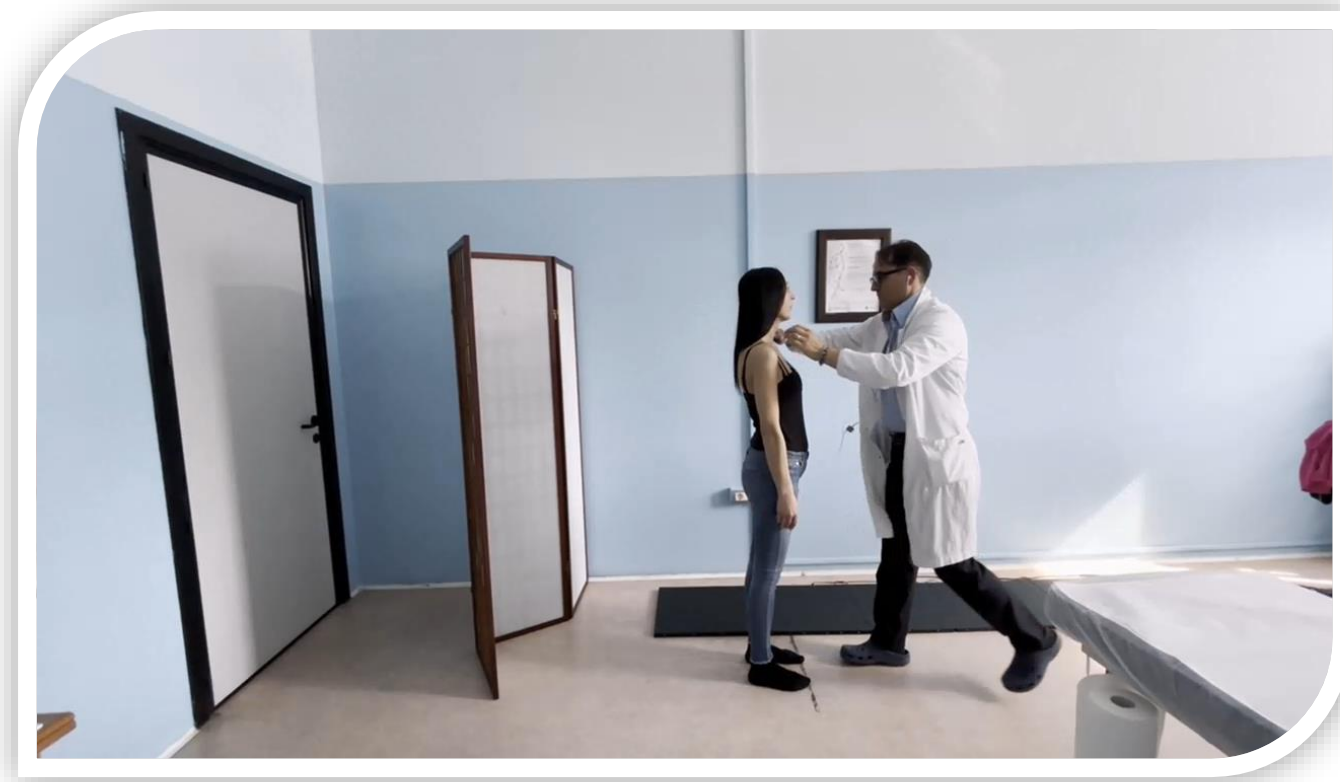
# BioPhysicoMetricPostural APPROACH (BFMP)

1. ASSESSMENT OF FUNCTIONAL PARAMETERS (OPERATOR)
2. ..OF THE POSTURAL QUESTIONNAIRE (PATIENT)
3. ..OF THE SKIN IMPEDANCE RELATED TO THE DERMATOMS  
LINKED TO METAMERIC DYSFUNCTION
4. DIGITIZED BIOMETRY
5. QUANTUM EVALUATION



Prosperi L, Barassi G, Panunzio M, Pellegrino R, Marinucci C, Di Iulio A, Colombo A, Licameli M, Moccia A, Melchionna M. *Bio-Physics Approach to Urinary Incontinence Disabilities*. Int J Environ Res Public Health. 2022 Oct 2;19(19):12612. doi: 10.3390/ijerph191912612. PMID: 36231912; PMCID: PMC9564884.

# 1.ASSESSMENT OF FUNCTIONAL PARAMETERS (OPERATOR)



# Bio-Physico-Metric Approach: Assessment and Treatment of Key Myofascial Trigger Points through an Adaptive Neuromodulation Device

Giovanni Barassi<sup>1,\*</sup>, Raffaello Pellegrino<sup>2</sup>, Celeste Di Matteo<sup>1</sup>, Loris Proserpi<sup>1</sup>, Edoardo Di Simone<sup>1</sup>, Celeste Marinucci<sup>1</sup>, Noemi Pepe<sup>1</sup>, Federico Papa<sup>1</sup>, Marta Odorisio<sup>1</sup>, Valentina Zincani<sup>1</sup>, Ilaria Gabriella Micolucci<sup>1</sup>, Ali Younes<sup>1</sup>, Angelo Di Iorio<sup>3</sup>

<sup>1</sup>Center for Physiotherapy, Rehabilitation and Reeducation (Ce.Fi.R.R.), Part of the Centre of Sports Medicine of the “G. d’Annunzio” University, 66100 Chieti, Italy

<sup>2</sup>Analgesic Mini-Invasive and Rehab-Outpatients Unit, Department of Medicine and Science of Aging, Centre of Sports Medicine, “G. d’Annunzio” University, 66100 Chieti, Italy

<sup>3</sup>Department of Medicine and Science of Aging, University Centre of Sports Medicine, “G. d’Annunzio” University, 66100 Chieti, Italy

\*Correspondence: [coordtgb@unich.it](mailto:coordtgb@unich.it) (Giovanni Barassi)

Published: 20 January 2023

JOURNAL OF BIOLOGICAL REGULATORS & HOMEOSTATIC AGENTS

Vol. 36, no. 1, 129-135 (2023)

LETTER TO THE EDITOR

**Bio-Physico-Metric approach: integrated postural assessment in musculoskeletal dysfunctions**

G. Barassi<sup>1,2</sup>, E. Di Simone<sup>1</sup>, M. Supplizi<sup>1</sup>, L. Proserpi<sup>1</sup>, C. Marinucci<sup>1</sup>, R. Pellegrino<sup>1</sup>, P. Galasso<sup>1</sup>, S. Guerri<sup>1</sup>, M. Della Rovere<sup>1</sup>, A. Younes<sup>1</sup>, and A. Di Iorio<sup>3</sup>

<sup>1</sup>Center for Physiotherapy, Rehabilitation and Re-education (CeFiRR) Training Center, venue “G. d’Annunzio” University of Chieti-Pescara, Chieti, Italy; <sup>2</sup>Center for Physiotherapy, Rehabilitation and Re-education (CeFiRR) – Gemelli Molise Professionalizing Didactic Center, venue “Sacred Heart Catholic University” of Rome-Campobasso, Italy; <sup>3</sup>Analgesic Mini-Invasive and Rehab-Outpatients Unit, Department of Medicine and Science of Aging, “G. d’Annunzio” University of Chieti-Pescara, Chieti, Italy; <sup>4</sup>“San Raffaele” University, Rome, Italy; <sup>5</sup>Laboratory of Clinical Epidemiology and Aging, Department of Medicine and Science of Aging, “G. d’Annunzio” University of Chieti-Pescara, Chieti, Italy

Received November 5, 2021 – Accepted February 24, 2022

To the Editor,

Postural deviations can cause alterations in functional activities and pain (1). Based on information from peripheral afferent structures (ears, eyes, muscles, tendons, viscera), the cerebral cortex organizes posture or the execution of movements. Consequently, the dysfunction of one or more of these structures can lead to a postural dysfunction in the form of myofascial adaptations. This situation can remain latent for a long time and predispose to musculoskeletal injuries, in which tissues can undergo an inflammatory process. Inflammation mediators evoke pain through direct activation and sensitization of nociceptors, which consist of unmyelinated C fibres and myelinated A $\delta$  fibres that innervate the skin, muscles, and joints visceral organs (2). During the state of latency of aberrant myofascial adaptations, due to the overlap of “triggering factors”, the compensatory capacities of the musculoskeletal system are exceeded and, consequently, alterations are established. The whole process leads to a myofascial dysfunction characterized by pain and limitation of

functional activities. In addition, orthopaedic and rheumatological diseases can cause alterations in posture and body balance (3). Altered moods, anxiety and intake of some drugs are also risk factors for posture alterations (4). Therefore, an exhaustive postural evaluation must assess the biomechanical system, the biochemical-metabolic system, the neuro-psychological system and the environmental context. These systems are interconnected, and the deficit of one affects the stability of the whole complex, requiring a multidisciplinary and Bio-Physico-Metric Approach; this is especially true since, to date, there is still little knowledge in the literature of the role that postural analyzes and their interpretations can have in the prevention and evaluation of any musculoskeletal problems caused by postural alterations (5). Therefore, this study aims to provide guidelines for the data interpretation of a validated sequence of postural investigation techniques, based on a questionnaire, called Postural Evaluation Questionnaire (PEQ), and a biomechanics evaluation, called Biomechanical Postural Evaluation (BPE) (6).

**Keywords:** rehabilitation, posture, postural balance, biometry, musculoskeletal diseases

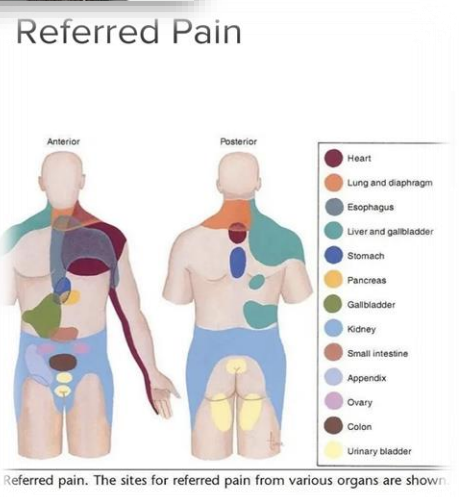
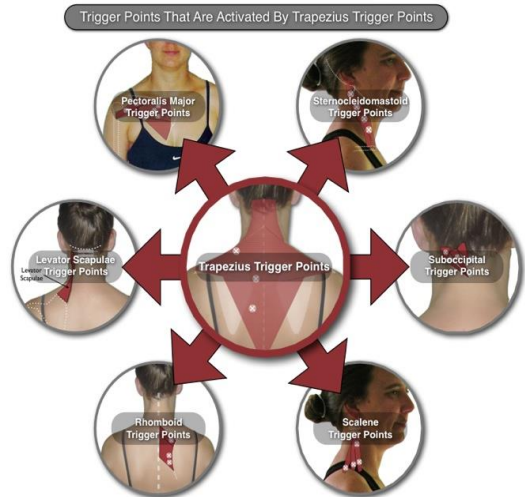
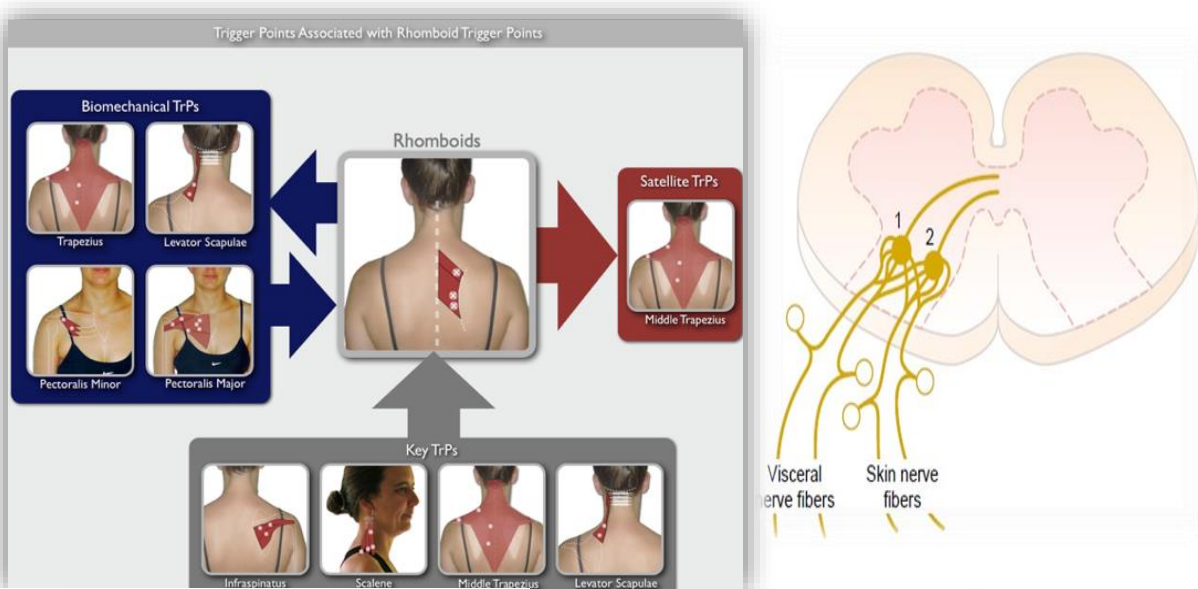


# 2. POSTURAL ANAMNESTIC QUESTIONNAIRE (PATIENT)



LIRA CefIRP		QUESTIONARIO BIOPOSTURALE	
Rif. Cartella			
Nominativo	M <input type="checkbox"/> F <input type="checkbox"/>		
Data di nascita (gg/mm/anno)	Calzature n.	Peso kg	Altezza cm
Indirizzo		n.	Prov.
Città		CAP	
Nato/a		Cod Fiscale	
Telefono		e-mail	
Professione		Stile di vita: seduto <input type="checkbox"/> in piedi <input type="checkbox"/> in movimento <input type="checkbox"/>	
<small>Le risposte sono strettamente riservate e legate al vincolo del segreto professionale. Per rispondere mettere una croce sulla risposta (risposte dubbie dovranno essere segnalate con un *) ogni risposta non ancora è nota per il paziente, per lo Specialista e per tutto il personale ausiliario del Centro ed ostacola la migliore riuscita di ogni terapia.</small>			
<b>ESERCIZIO FISICO</b>	<input type="checkbox"/> No <input type="checkbox"/> A volte <input type="checkbox"/> Più volte la settimana <input type="checkbox"/> Più di 30 minuti al giorno <input type="checkbox"/> Sport Agonistico		
<b>E AUMENTATA/O DIMINUITA/O ECCESSIVAMENTE DI PESO NEGLI ULTIMI 24 MESI?</b>	<input type="checkbox"/> No <input type="checkbox"/> Sì	di quanti kg.	
<b>HA AVUTO FRATTURE?</b>	<input type="checkbox"/> No <input type="checkbox"/> Sì	Dove? Quanto tempo fa?	
<b>DOLORI E TENSIONI AL COLLO</b>	<input type="checkbox"/> No <input type="checkbox"/> Spesso <input type="checkbox"/> A volte	Al risveglio <input type="checkbox"/> A fine giornata	
<b>DOLORI E TENSIONI ALLA SCHIENA</b>	<input type="checkbox"/> No <input type="checkbox"/> Spesso <input type="checkbox"/> Se sollevio pesi <input type="checkbox"/> Quando sto molto in piedi	<b>DORSALI (PARTE ALTA)</b> <input type="checkbox"/> <b>LOMBARI (PARTE BASSA)</b>	
<input type="checkbox"/> GONFIORE <input type="checkbox"/> FORMICOLII <input type="checkbox"/> SENSIBILITA' RIDOTTA	<b>BRACCIO</b> <input type="checkbox"/> DX <input type="checkbox"/> SX	<input type="checkbox"/> No <input type="checkbox"/> Spesso <input type="checkbox"/> Al risveglio <input type="checkbox"/> A fine giornata <input type="checkbox"/> A volte	
	<b>MANO</b> <input type="checkbox"/> DX <input type="checkbox"/> SX	<input type="checkbox"/> No <input type="checkbox"/> Spesso <input type="checkbox"/> Al risveglio <input type="checkbox"/> A fine giornata <input type="checkbox"/> A volte	
<b>DOLORI ARTICOLARI ALL'ANCA (OSSA DEI FIANCHI)</b>	<input type="checkbox"/> No <input type="checkbox"/> Spesso <input type="checkbox"/> A volte	<input type="checkbox"/> Quando cammino a lungo	
<b>DOLORI E TENSIONI DEL GINOCCHIO</b>	<input type="checkbox"/> DX <input type="checkbox"/> SX	<input type="checkbox"/> No <input type="checkbox"/> Spesso <input type="checkbox"/> Facendo le scale <input type="checkbox"/> Quando cammino a lungo	
<input type="checkbox"/> GONFIORE <input type="checkbox"/> FORMICOLII <input type="checkbox"/> SENSIBILITA' RIDOTTA	<b>GAMBA</b> <input type="checkbox"/> DX <input type="checkbox"/> SX	<input type="checkbox"/> No <input type="checkbox"/> Spesso <input type="checkbox"/> Al risveglio <input type="checkbox"/> A fine giornata <input type="checkbox"/> A volte	
	<b>PIEDE</b> <input type="checkbox"/> DX <input type="checkbox"/> SX	<input type="checkbox"/> No <input type="checkbox"/> Spesso <input type="checkbox"/> Al risveglio <input type="checkbox"/> A fine giornata <input type="checkbox"/> A volte	
<b>STRAPPI MUSCOLARI O TENDINITI ACUTE NEGLI ULTIMI 24 MESI?</b>	<input type="checkbox"/> No <input type="checkbox"/> Sì		
<b>SOFFRE DI CRAMPI NOTTURNI?</b>	<input type="checkbox"/> No <input type="checkbox"/> Sì <input type="checkbox"/> A volte	Dove?	
<b>PRENDE STORTE QUANDO CAMMINA?</b>	<input type="checkbox"/> No <input type="checkbox"/> Spesso <input type="checkbox"/> A volte		
<b>DOLORE AI PIEDI</b>	<input type="checkbox"/> No <input type="checkbox"/> Spesso <input type="checkbox"/> A volte	<input type="checkbox"/> Quando cammino a lungo	
<b>HA AVUTO VERRUCHE AI PIEDI?</b>	<input type="checkbox"/> No <input type="checkbox"/> Sì		
<b>HA SPESSE CALLOSITA' SOTTO I PIEDI?</b>	<input type="checkbox"/> No <input type="checkbox"/> Sì		
<b>HA PROBLEMI DI VISTA?</b>	<input type="checkbox"/> No <input type="checkbox"/> Sì <input type="checkbox"/> A volte	<input type="checkbox"/> Utilizzo occhiali/lenti a contatto	
<b>DA QUANTO TEMPO NON VA DALL'OCULISTA?</b>	<input type="checkbox"/> 1 mese <input type="checkbox"/> 1 anno <input type="checkbox"/> Oltre 1 anno <input type="checkbox"/> Oltre 5 anni		
<b>HA PROBLEMI DI ALIMENTAZIONE ECCESSIVA?</b>	<input type="checkbox"/> No <input type="checkbox"/> Sì <input type="checkbox"/> A volte	<input type="checkbox"/> In particolari condizioni alimentari	

# MYOFASCIAL DYSFUNCTION INFLUENCES THE FACTORS THAT CONTROL THE ACTIVITY OF EFFERENT NEURONS CAUSING HYPER- OR HYPO-ACTIVITY OF THESE FIBERS AND THE ORGANS THEY INNERVATES



Sato A, Sato Y, Schmidt RF, Torigata Y. **Somato-vesical reflexes in chronic spinal cats.** J Auton Nerv Syst. 1983 Mar-Apr;7(3-4):351-62. doi: 10.1016/0165-1838(83)90088-7. PMID: 6875196.

Sato A. **Neural mechanisms of autonomic responses elicited by somatic sensory stimulation.** Neurosci Behav Physiol. 1997 Sep-Oct;27(5):610-21. doi: 10.1007/BF02463910. PMID: 9353786.

# **KEY TRIGGER POINTS: SOMATIC DYSFUNCTION**

**THE MAJOR DYSFUNCTION IS OFTEN  
CHRONOLOGICALLY OLDER:**

- 1. CAN AFFECT MUSCLES AT A  
CONSIDERABLE DISTANCE**
- 2. MAY EXHIBIT AUTONOMIC  
DISORDERS**
- 3. ELECTROMYOGRAPHY INCREASE IN  
ACTIVITY OF THE MOTOR UNIT  
INVOLVED**

Giamberardino MA. *Referred muscle pain/hyperalgesia and central sensitisation*. *J Rehabil Med*. 2003 May;(41 Suppl):85-8. doi: 10.1080/16501960310010205. PMID: 12817663

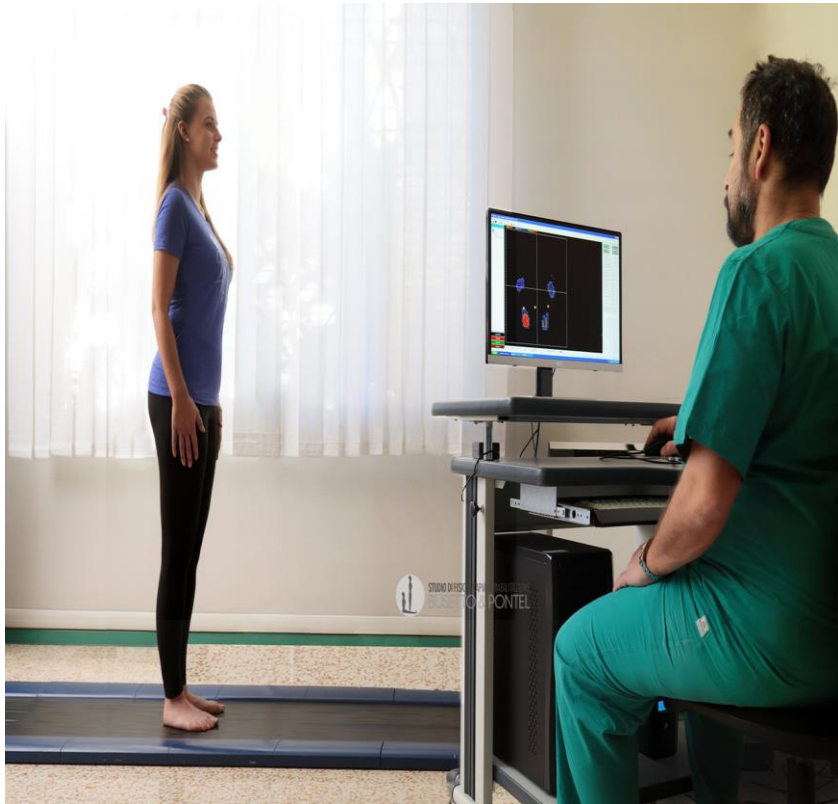
Barassi G, Pokorski M, Matteo CD, Supplizi M, Prosperi L, Guglielmi V, Younes A, Della Rovere F, Di Iorio A.

*Manual Pressure Release and Low-Grade Electrical Peripheral Receptor Stimulation in Nonspecific Low Back Pain: A Randomized Controlled Trial*. *Adv Exp Med Biol*. 2021;1324:73-81. doi:

10.1007/5584\_2020\_605.



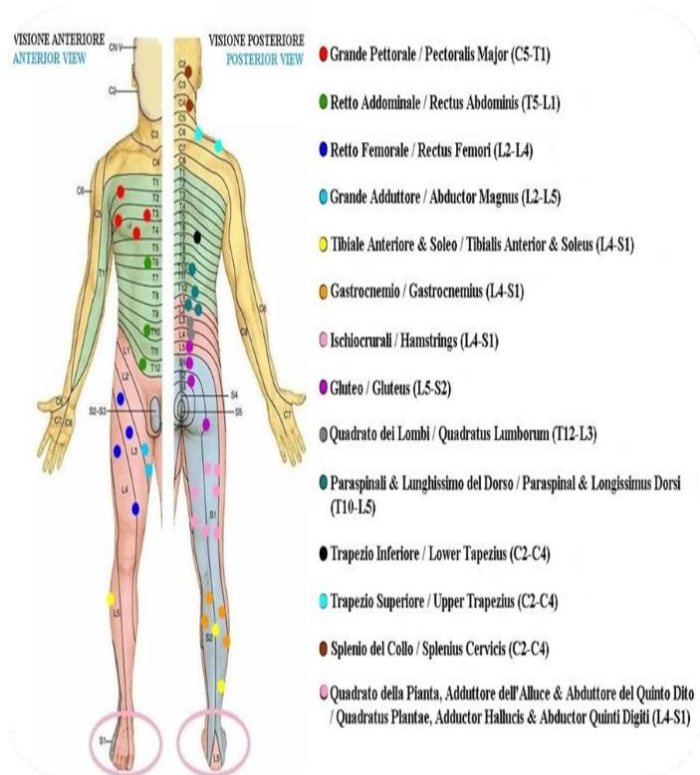
# 3.DIGITIZED BIOMETRY



27/05/2024

Giovanni Barassi: Bio-Physico-Metric-Approach in  
Musculoskeletal Dysfunction

# 4.SKIN IMPEDANCE RELATED TO THE DERMATOMS



# DERMATOMS EVALUATION



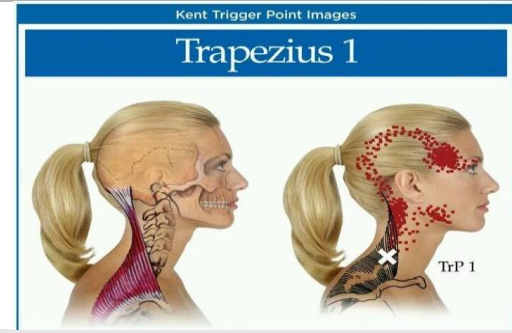
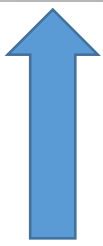
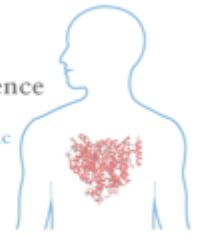
**A. Anterior view**

**Classificazioni**

TRIGGER POINTS		DOLORE RIFERITO	
ATTIVO	LATENTE	PRIMARIO	SECONDARIO
<p>Is a symptom-producing MTrP and can trigger local or referred pain or other paraesthesiae. The presence of a so-called local twitch response (LTR), referred pain, or reproduction of symptomatic pain increases the diagnosis of MPS.</p>	<p>A latent MTrP does not trigger pain without being stimulated. Myofascial trigger points are the hallmark characteristics of MPS and feature motor, sensory, and autonomic components.</p>	<p>The local pain from active TrP reproduces symptoms suffered by patients, who identify the pain as their usual or familiar pain.</p>	<p>Pain felt in a region away from the source of pain is termed "referred pain." Referred pain can be perceived in any region of the body. Referred pain occurs at the dorsal horn level and is the result of activation, by means of sensitization mechanisms.</p>

Simons DG, Travell JG, Simons LS. Travell and Simons' Myofascial Pain and Dysfunction: The Trigger Point Manual, Vol. 1, MD: Williams & Wilkins, 1999.  
 Lew PC, Lewis J, Story I. Inter-therapist reliability in locating latent myofascial trigger points using palpation. *Man Ther* 1997;2:87-90.  
 Rubin TK, Gandevia SC. Effects of intramuscular anesthesia on the expression of primary and referred pain induced by intramuscular injection of hypertonic saline.

MRTBS 2024  
 1st International Conference  
 Modern research trends in  
 biomedical sciences: a holistic  
 approach to health care  
 Opole, Poland, 17-19.04.2024



Barassi G, Younes A, Di Felice PA, Di Iulio A, Guerri S, Prosperi L, Stamile A, Di Iorio A. **Microcurrents in the treatment of chronic pain: biological, symptomatological and life quality effects.** *J Biol Regul Homeost Agents.* 2020 Jul-Aug;34(4):1561-1565.

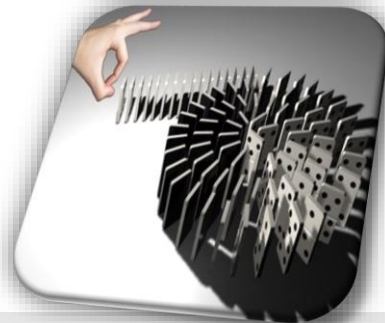
Barassi G, et al.: **Effects of Manual Somatic Stimulation on the Autonomic Nervous System and Posture.** *Adv Exp Med Biol.* 2018;1070:97-109. doi:10.1007/5584\_2018\_153.

Barassi G, Supplizi M, Prosperi L, Irace G, Younes A, Della Rovere M, Rabini A, Colombo A, Di Iorio A. **Dual-wavelength high-power laser therapy and neuromuscular manual therapy in chronic neck pain: a randomized clinical trial.** *J Biol Regul Homeost Agents.* 2021 Mar-Apr;35(2):767-773.

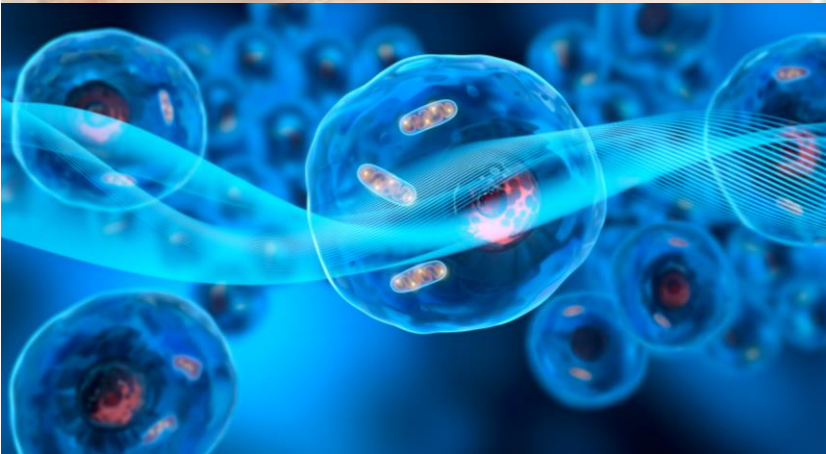
# **IDENTIFICATION OF SUBLIMINAL AFFERENT**

**AS A RESULT OF THE ADDITION OF STIMULI AND  
CHRONICITY, AN ADDITIONAL STIMULUS IS  
PERHAPS NORMALLY COMPENSATED FOR IN A  
SYSTEM OF THIS TYPE**

- 1. IT CAN PRODUCE CHRONIC DEGENERATIVE  
PATHOLOGIES THAT ARE ONLY APPARENTLY  
UNSOLVABLE**
- 2. IT IS POSSIBLE TO TRACE EVERYTHING THAT  
GENERATES THEM**



# 5. QUANTUM EVALUATION

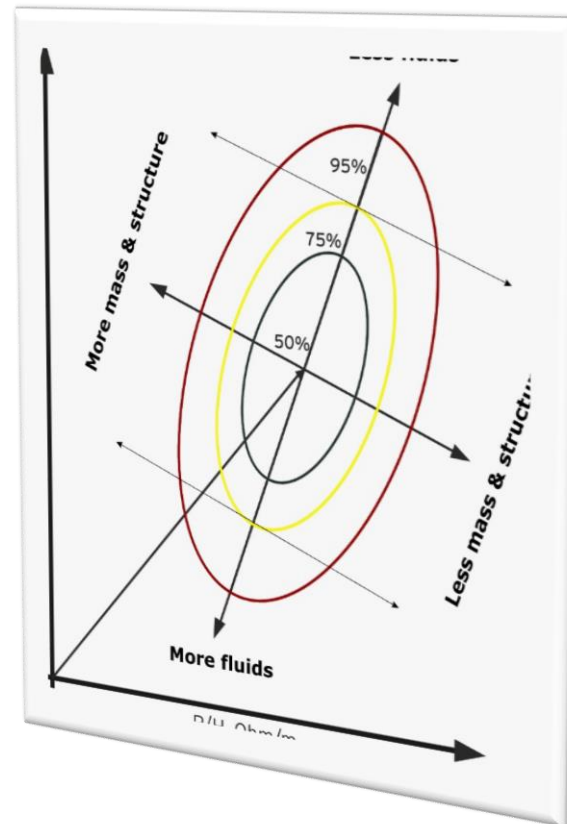
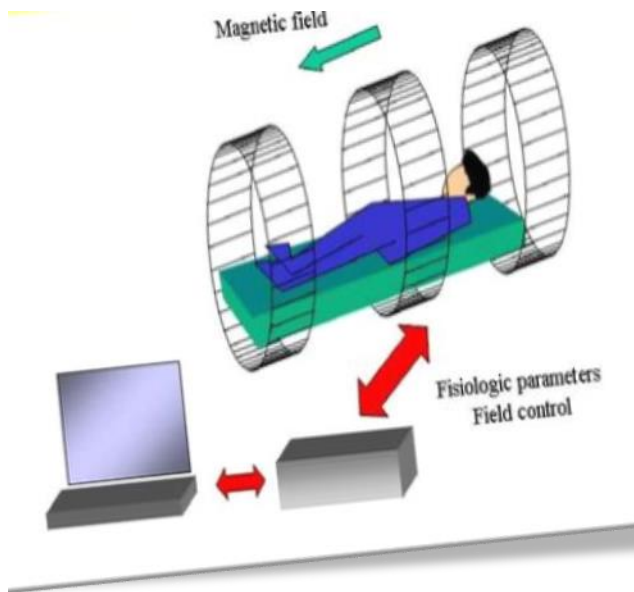


27/05/2024

Giovanni Barassi: Bio-Physico-Metric-Approach in  
Musculoskeletal Dysfunction



# QUANTUM ASSESSMENT





## Quantum Medicine: A Role of Extremely Low-Frequency Magnetic Fields in the Management of Chronic Pain

Giovanni Barassi , Mieczyslaw Pokorski ,  
Raffaello Pellegrino , Marco Supplizi, Loris Prosperi ,  
Celeste Marinucci , Edoardo Di Simone , Chiara Mariani,  
Ali Younes, and Angelo Di Iorio

### Abstract

Extremely low-frequency electromagnetic field (ELF-MF) therapy is a promising treatment for chronic pain, given its ability to interact with body homeostasis using water-mediated transmission mechanisms typical of quantum medicine. The present study aims to assess the effects of ELF-MF therapy on

chronic pain in 49 patients suffering from various musculoskeletal disorders. The therapy was applied through a Quec Phisid setup generating the electromagnetic field as the ion cyclotron resonance. Patients underwent eight therapy sessions of 45 min each performed every other day. The bioimpedance assessment was based on the comparison of the height-adjusted body resistance (R/h) and reactance (Xc/h) measured during the first and last sessions of eight-session treatment. Pain perception was quantified using the standard visual-analog scale. We found significant increases in both R/h and Xc/h parameters of body bioimpedance after electromagnetic therapy corresponding with reductions in pain perception. We conclude that the ELF-MF therapy can restore the body's state of health and thus seems a valid therapeutic approach for the treatment of musculoskeletal-derived pain.

### Keywords

Chronic pain · Electromagnetic stimulation ·  
Magnetotherapy · Pain management ·  
Rehabilitation

G. Barassi (✉), M. Supplizi, L. Prosperi, C. Marinucci,  
E. Di Simone, C. Mariani, and A. Younes  
Center for Physiotherapy, Rehabilitation, and Reeducation  
(Ce.F.I.R.R.) of the Center of Sports Medicine,  
"G. d'Annunzio" University, Chieti, Italy  
e-mail: coordifrb@unich.it; aliyounes@tiscali.it

M. Pokorski  
Institute of Health Sciences, Opole University, Opole,  
Poland  
e-mail: pokorskim@uni.opole.pl

R. Pellegrino  
Antalgic Mini-Invasive and Rehab-Outpatients Unit,  
Department of Medicine and Science of Aging,  
"G. d'Annunzio" University, Chieti, Italy

A. Di Iorio  
Department of Medicine and Science of Aging, Center of  
Sports Medicine, "G. d'Annunzio" University, Chieti,  
Italy  
e-mail: a.diorio@unich.it

  
Advanced

Search results

Save

► J Biol Regul Homeost Agents. 2020 May-Jun;34(3):1193-1197. doi: 10.23812/20-165-L-31.

## Fibromyalgia and therapeutic integration: role of quantum medicine

G Barassi <sup>1</sup>, A Younes <sup>2</sup>, A Di Iorio <sup>3</sup>, S Guerri <sup>4</sup>, V Guglielmi <sup>4</sup>, F Della Rovere <sup>4</sup>, M Supplizi <sup>1</sup>,  
A Di Iorio <sup>5</sup>

Affiliations + expand

PMID: 32627513 DOI: 10.23812/20-165-L-31



Handbook of Cancer and Immunology pp 1–24 | Cite as

Home ► Handbook of Cancer and Immunology ► Living reference work entry

## Quantum Medicine and the Immune System

Giovanni Barassi , Maurizio Proietti, Piergiorgio Spaggiari & Antonio Colombo

Living reference work entry | First Online: 29 January 2023

44 Accesses

## Italian Scientific Association of Integrated Medicine between Biochemistry and Biophysics.

Italian Regional Representative:  
**Giovanni Barassi**



Giovanni Barassi: Bio-Physico-Metric-Approach in  
Musculoskeletal Dysfunction

27/05/2024

# EVERYTHING IS INFORMATION

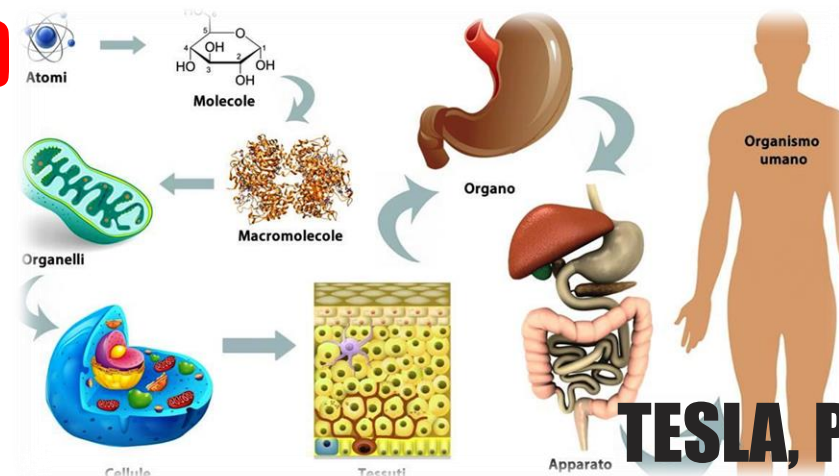
ORGANISM IS MADE OF MANY  
MASSES

STOMACH, LIVER, BOWELL.....

THOSE SHAPES... ARE FORMS OF  
ENERGY

1. ORGAN: SEEING IT AS MATTER


2. ORGAN: SEEING IT AS ENERGY AND  
AS...INFORMATION

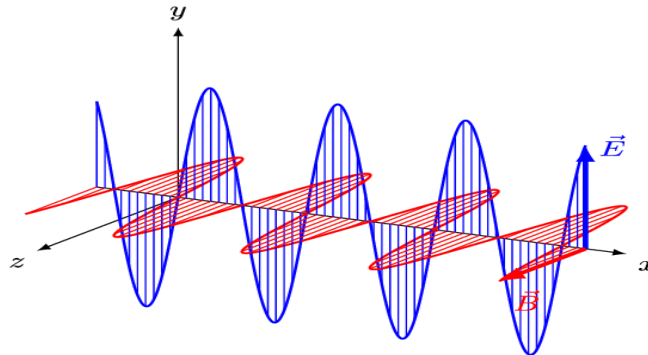


**TESLA, PLANK, EINSTEIN..**

Montagnier L, Del Giudice E, Aïssa J, Lavallee C, Motschwiller S, Capolupo A, Polcari A, Romano P, Tedeschi A, Vitiello G.  
**Transduction of DNA information through water and electromagnetic waves.**  
Electromagn Biol Med. 2015;34(2):106-12. doi: 10.3109/15368378.2015.1036072.  
PMID: 26098521 Review

# BIOLOGICAL ACT

- **MOLECULES**
  - **Enzymes**
  - **COENZYMES**
  - **GENETIC CODE**
  - **BIOCHEMICAL CODE**
- 
- **THE COORDINATOR IS  
THE MAGNETIC FIELD**



# **ELECTROMAGNETIC IMBALANCE**

**THE DISEASES DEPEND ON ELECTROMAGNETIC  
IMBALANCE**

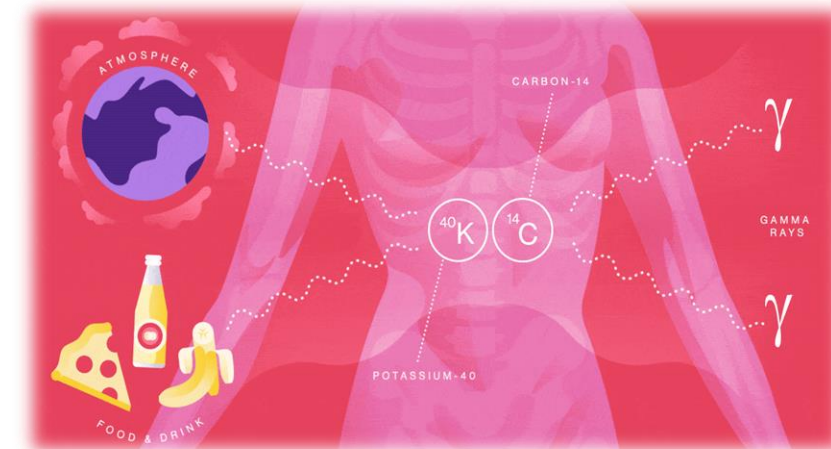
**1 SECOND A CELL HAS 100,000 FUNCTIONS**

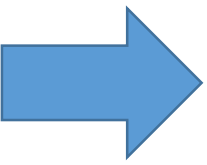
**PER 100,000 BILLION CELLS ?????**

**CELL MEMBRANE -70 MV**

**40/50MV IN CASE OF PATHOLOGIES**

- 1. FIRST ELECTRICAL AND  
ELECTROMAGNETIC IMBALANCE**
- 2. THEN THE CHEMICAL ONE**
- 3. THEN THE SYMPTOM!**



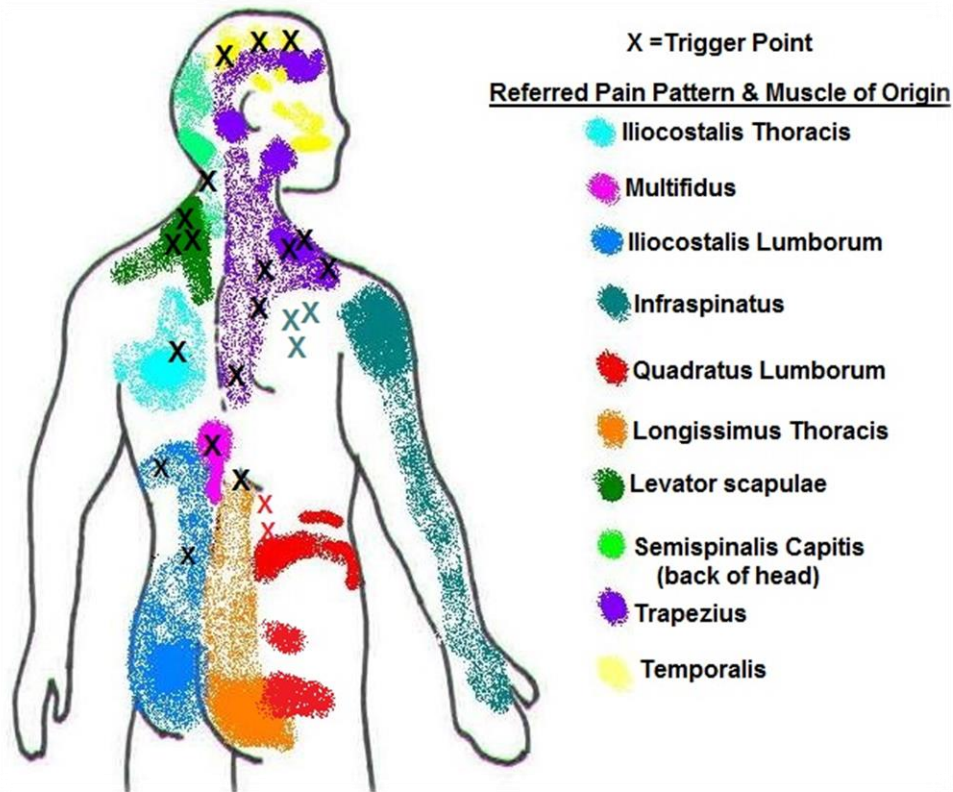


**All together or one of  
these procedures**



**FOR THE THERAPEUTIC APPROACH,  
AFTER HAVING IDENTIFIED THE KEY  
TRIGGER POINTS  
PERIPHERAL sensorineural  
STIMULATION IS CHOSEN BY  
FOLLOWING THE FOLLOWING  
PHYSICAL PRINCIPLES:....**

# BFMP APPROACH IN MUSCULOSKELETAL DYSFUNCTIONS



## TREATMENT:

- 1. STIMULATIONS WITH PHYSICAL ENERGIES OF DIFFERENT NATURE (ELECTROMAGNETIC, VIBRATIONAL, MECHANICAL, MANUAL)**
- 2. THERMAL ENVIROMENT**
- 3. POSSIBLY MINIMAL AND TARGETED AT THE CAUSAL AREAS**

Barassi G, Mariani C, Supplizi M, Prosperi L, Di Simone E, Marinucci C, Pellegrino R, Guglielmi V, Younes A, Di Iorio A.

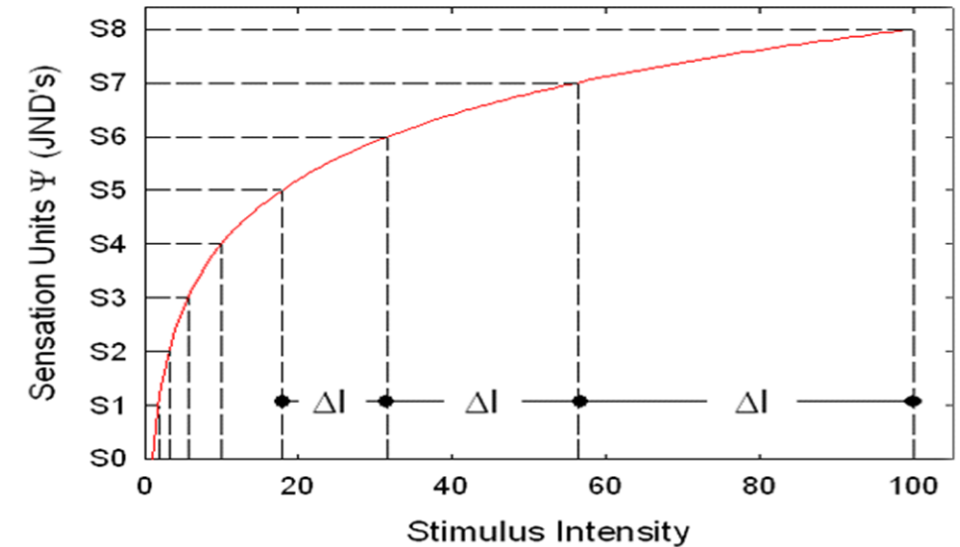
**Capacitive and Resistive Electric Transfer Therapy: A Comparison of Operating Methods in Non-specific Chronic Low Back Pain.** *Adv Exp Med Biol.* 2022;1375:39-46

Barassi G et al.:**Somato-Visceral Effects in the Treatment of Dysmenorrhea: Neuromuscular Manual Therapy and Standard Pharmacological Treatment.** *J Altern Complement Med.* 2018 Mar;24(3):291-299. doi: 10.1089/acm.2017.0182. Epub 2017 Nov 14. PMID: 29135277

Barassi G, Obrero-Gaitan E, Irace G, Crudeli M, Campobasso G, Palano F, Trivisano L, Piazzolla V. **Integrated Thermal Rehabilitation: A New Therapeutic Approach for Disabilities.** *Adv Exp Med Biol.* 2020;1251:29-38. doi: 10.1007/5584\_2019\_465. PMID: 31933146.

# ADAPTIVE ASPECT OF PERCEPTION

Fechner's Law:  $\Psi = k \log I$



## WEBER-FECHNER LAW (1860)

«THE BIOLOGICAL SYSTEM IS EQUIPPED WITH THE POSSIBILITY OF MODIFYING SENSITIVITY DEPENDING ON THE ORDER OF MAGNITUDE OF THE STIMULUS»

**THEREFORE WE MAY HAVE UNRECOGNIZED VERY LOW INTENSITY INCOMING STIMULI THAT LAST FOR YEARS, FOR EXAMPLE:**

- ANKLE SPRAIN NOT PERFECTLY CORRECTED**
- APPENDICULAR SCAR WITH FASCIAL TENSION**
- BOWEL DYSFUNCTION**
- DENTAL FOCALITY OR THE SCAR OF GOOD RESOLUTION OF DENTAL FOCALITY (THE SCARS CAN BE LIKE THE PRIMARY LESION FROM A NEUROIMMUNOLOGICAL POINT OF VIEW)**

**BUT WHAT USEFUL INFORMATION TO IDENTIFY THE CAUSAL POINT?**





# NERNST 1916

**THE POSSIBILITY OF SPONTANEOUS OSCILLATIONS OF  
SEPARATE OBJECTS**

**MAY OSCILLATE IN A COMMON WAY**

**A COMPLEX OBJECT ACQUIRES ITS IDENTITY BECAUSE THE  
ATOMS OSCILLATE SYNCHRONOUSLY**

**THIS SYSTEM ENTERS IN A “SYSTEM RHYTHM” (PHASE)**

**FOR A COMPLEX OBJECT TO EXIST, IT MUST HAVE A WELL  
DEFINED PHASE**

$$+ / Ag + \frac{RT}{F} \ln \frac{[Ag^+]}{[Ag]}$$

$$+ / Ag + \frac{RT}{F} \ln [Ag^+]$$

$$\underbrace{E^{\circ}_{Ag^+/Ag}}$$

$$+ / Ag - \frac{RT}{F} \ln [Ag] +$$

$$+ / Ag + \frac{RT}{F} \ln [Ag^+]$$

# **THE VOID AS A NON-SPATIAL OCEAN INTERACTS WITH BOATS**

**THANKS TO THE INTERACTION WITH THE VOID  
THE BODY ACQUIRES AN INTRINSIC OSCILLABILITY  
NATURE CANNOT STAND STILL**

**NO ONE IS FREE NOT TO OSCILLATES**

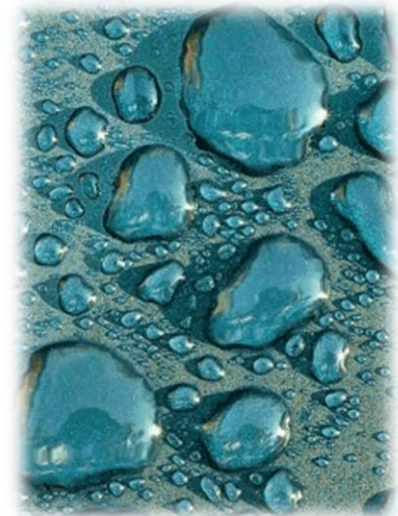
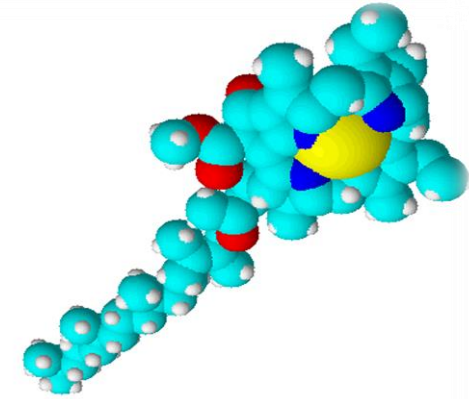
**MANY OR SEVERAL OBJECTS CAN OSCILLATE IN PHASE WITH EACH OTHER  
AN APPLICATION OF FORCE CAN INTERRUPT THE OSCILLATION IN PHASE  
BUT WHICH MOLECULE GUARANTEES AND ALLOWS THESE OSCILLATIONS?**

# **BIOCHEMICAL DYNAMICS IS MANAGED BY WATER**

**THE BEHAVIOR OF WATER IS CHARACTERIZED BY ITS OSCILLATIONS, WHICH  
GENERATE AN ELECTROMAGNETIC FIELD, WITH A SPECIFIC FREQUENCY  
ATTRACTING MOLECULES WITH THE SAME OSCILLATION FREQUENCY**

**THE VARIATION IN THESE OSCILLATIONS OVER TIME DETERMINES WHICH  
MOLECULES COME TOGETHER**

**WATER ACTS AS A CONDUCTOR OF MOLECULAR INTERACTIONS  
ENSURING THAT THEY OCCUR IN A HARMONIOUS AND COORDINATED AND  
COHERENT MANNER**



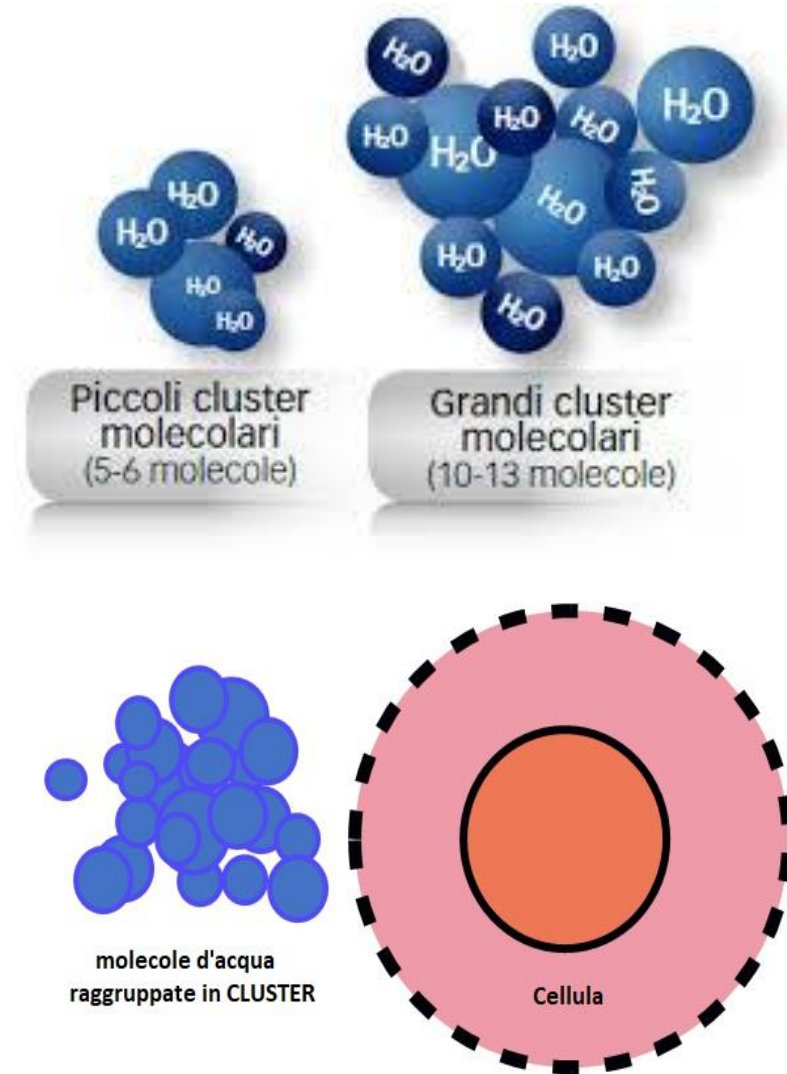
Ahmad S, Srivastava RK, Singh P, Naik UP, Srivastava AK. Role of Extracellular Vesicles in Glia-Neuron Intercellular Communication. *Front Mol Neurosci.* 2022 Apr 13;15:844194. doi: 10.3389/fnmol.2022.844194. PMID: 35493327; PMCID: PMC9043804.

Khattar KE, Safi J, Rodriguez AM, Vignais ML. Intercellular Communication in the Brain through Tunneling Nanotubes. *Cancers (Basel).* 2022 Feb 25;14(5):1207. doi: 10.3390/cancers14051207. PMID: 35267518; PMCID: PMC8909287.

Smith CW. **Quanta and coherence effects in water and living systems.** *J Altern Complement Med.* 2004 Feb;10(1):69-78. doi: 10.1089/107555304322848977. PMID: 15025880.

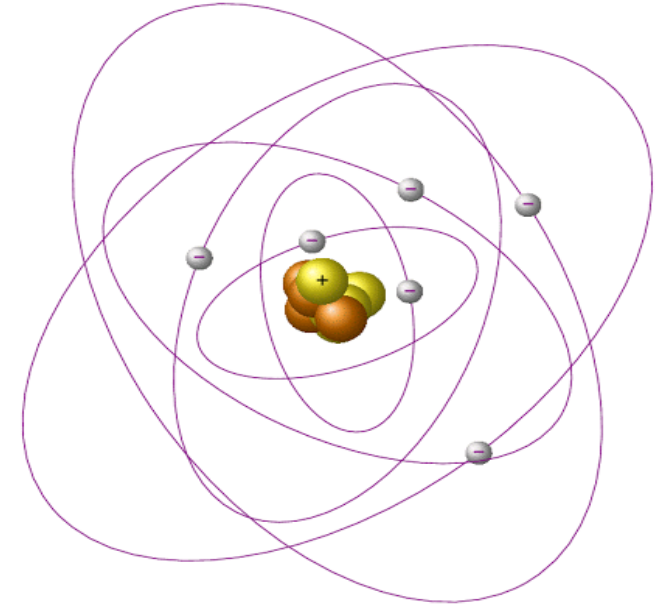
# COHERENCE DOMAIN

- IT HAS A SIZE: A WAVELENGTH OF THE RESPONSIBLE OSCILLATION THAT BROUGHT THE MOLECULES TOGETHER
- **SIZES AND DIMENSIONS SPONTANEOUSLY EMERGE IN NATURE**
- THE BIOLOGICAL OBJECT THAT DOES NOT HAVE A SIZE OR DIMENSION IS THE **TUMOR/CANCER**
- **WHERE OBJECTS DO NOT RESONATE WITH EACH OTHER**



# QUANTITY OF ENERGY

IF WE TRANSMIT A GREATER ENERGY  
WE CAN ONLY FEED **HIGHER** LEVELS OF COHERENCE  
**WITHOUT AFFECTING THE LOWER ONES**



**ENERGETICALLY EXCITED THE MUSCULAR SYSTEM IT CAN  
MODIFY MUSCLE LEVELS MAY NOT AFFECT LOWER LEVELS..  
“THE PRINCIPLE OF MINIMUM STIMULUS”**

# AMOUNT OF THE SMALL STIMULUS

**1. PROVIDING A MINIMAL AMOUNT OF ENERGY TRIGGERS  
THE PROCESS**

**2. THE LOWER COHERENCE DOMAINS ACCUMULATE THIS  
ENERGY AND BEGIN TO OSCILLATE ON THEIR OWN, LATER  
INFLUENCING THE HIGHER LEVELS**

**3. AS TIME PASSES, A GREAT DEAL OF CHAOTIC ENERGY  
BUILDS UP, WHICH EVENTUALLY TRANSFORMS INTO  
HIGHLY COHERENT ENERGY**

**“THIS PROCESS CAN BE COMPARED TO TURNING A  
MILLION EUROS FROM ONE CENT COINS EACH!!”**



# ENERGY TO THE MUSCLES

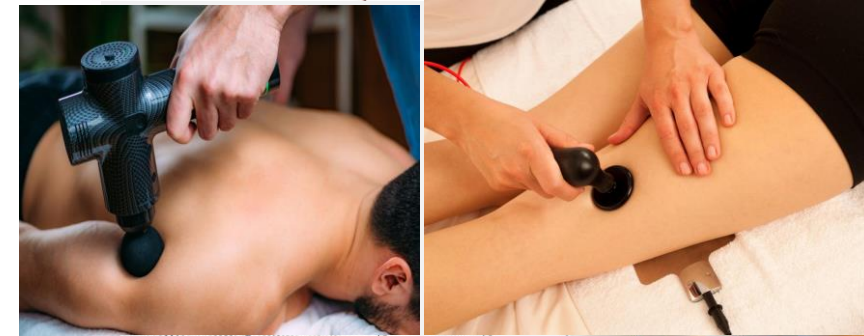
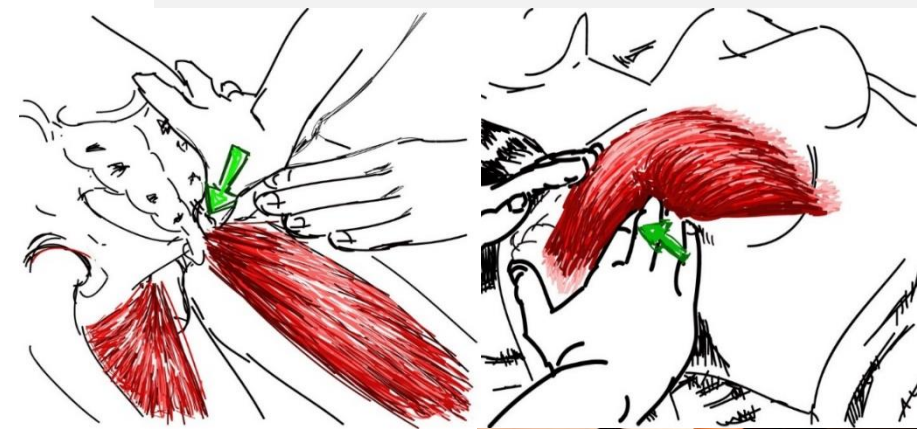
**-IT DOESN'T MAKE THE ORGANISM MORE COHERENT**

**ACTIVATE THE VERTICAL DIRECTION INSTEAD OF THE  
HORIZONTAL DIRECTION**

**THIS PRODUCES A NOTICEABLE EFFECT WITH MINIMAL CAUSE**

**ACCORDING TO WEBER AND FECHNER, THE RESPONSE OF AN  
ORGANISM TO A STIMULUS IS NOT PROPORTIONAL TO THE  
STIMULUS ITSELF, BUT FOLLOWS THE LOGARITHM**

***THIS RESPONSE IS ORIENTED INWARD AND NOT OUTWARD,  
CONTRIBUTING TO THE TRANSFORMATION OF THE ORGANISM***



# THERAPEUTIC STIMULATION OF THE KEY TRIGGER POINT

## CHARACTERISTICS

▶ Targeted, **PHYSIOLOGICAL** ▶ **LOW INTENSITY**

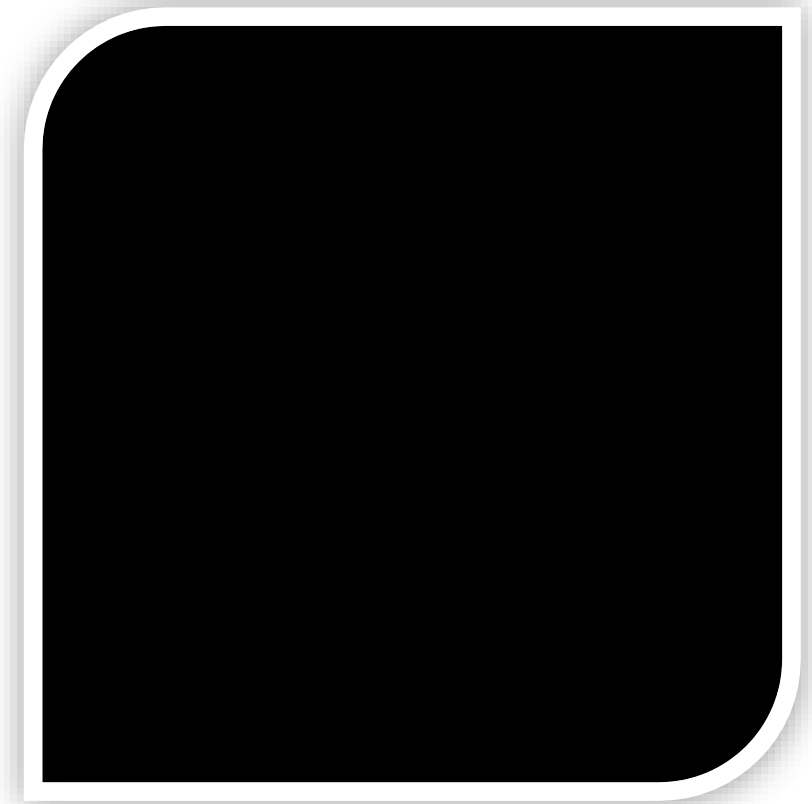
▶ **LOW FREQUENCY**

▶ **CONSCIOUS PALPATION: PASSIVE, ACTIVE, LIGHT AND DEEP** ▶  
**CAUSAL**

## EFFECTS

▶ **LONGITUDINAL (INTERNEURON) WITH HORIZONTAL DEPARTURE AFFERENT** ▶ **SOMATIC** ▶ **LOCAL AND GLOBAL AUTONOMIC: HEART, RESPIRATORY, CIRCULATORY RATE**

▶ ***POSTURE***





# **BODY AND → CELL POSTURE**

## **1. PRINCIPLE OF TENSIONAL INTEGRITY**

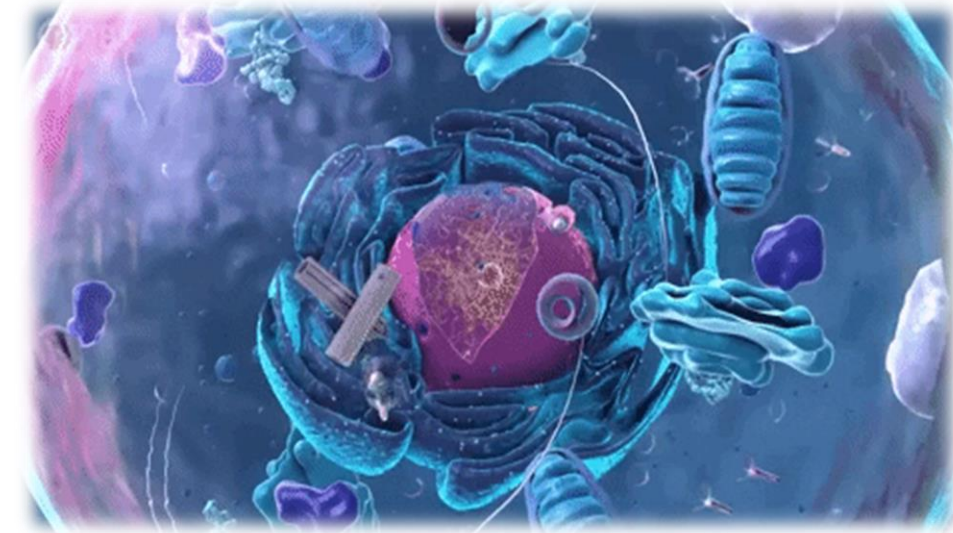
### **CELLULAR TENSEGRITY**

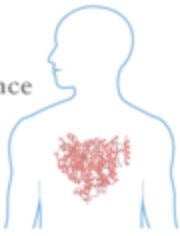
**CHANGING THE SHAPE OF A TISSUE MODIFIES THE BEHAVIOR**

**2. COMING FROM ITS INTERIOR AND FROM THE EXTRACELLULAR MEMBRANE, PROCESSING IT IN THE RIGHT WAY AND TIME**

**3. TO ACTIVATE THE SPECIFIC REACTION**

***LIVING, DYING, DIVIDING, MOVING,  
MODIFYING, SECRETING***





# Focused Mechano-Acoustic Vibrations in Chronic pain: bio-physico-metric path, key trigger points and posture



Authors: Giovanni BARASSI <sup>a</sup>, Loris PROSPER I <sup>a</sup>, Celeste MARINUCCI <sup>a</sup>, Angelo DI IORIO <sup>b</sup>, Maurizio PANUNZIO <sup>c</sup>

<sup>a</sup> Center for Physiotherapy, Rehabilitation and Re-Education ( Ce.Fi.R.R. ) venue "G. d' Annunzio" University of Chieti-Pescara, Chieti, Italy

<sup>b</sup> University Center for Sports Medicine, Department of Innovative Technologies in Medicine & Dentistry-"G. d'Annunzio" University of Chieti-Pescara, Chieti, Italy

<sup>c</sup> Responsible Research Hospital: Largo Agostino Gemelli 1, 86100 Campobasso (CB)-Italy

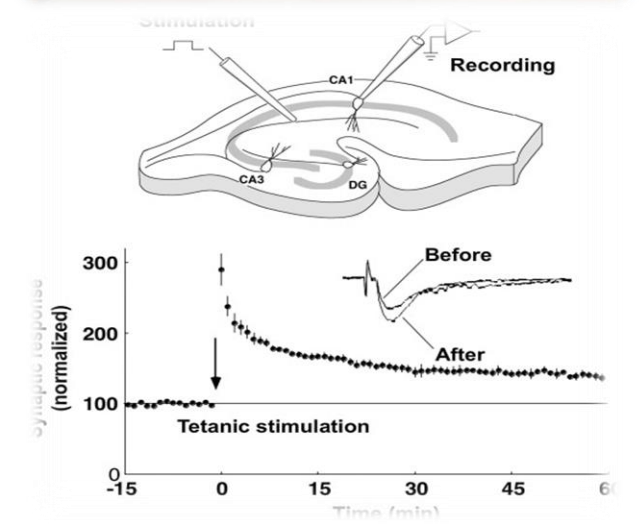
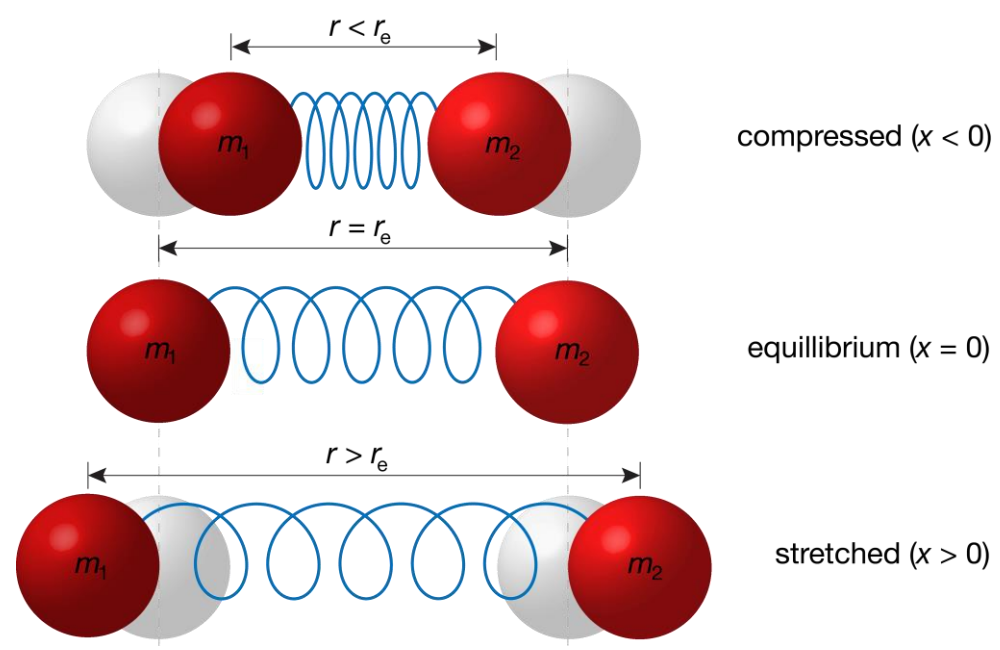
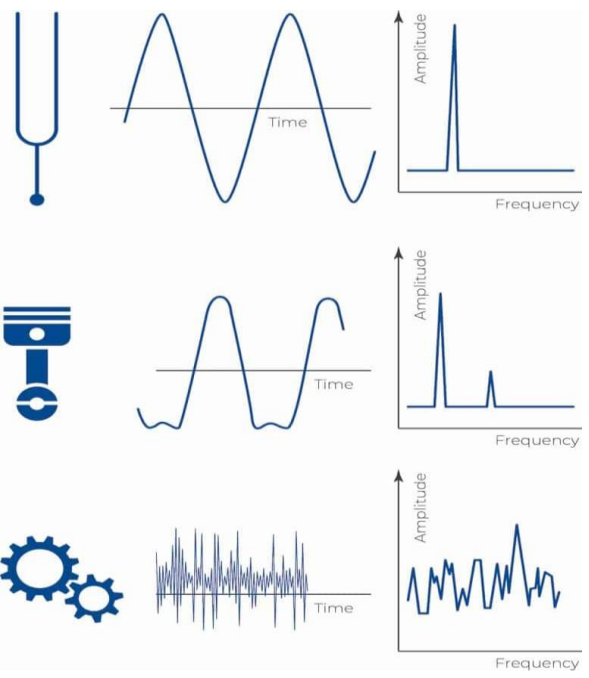
## • **Introduction:**

- **To date, scientific literature has repeatedly highlighted the mutual influence between the somatic and visceral systems of the human body, which finds its maximum expression in the genesis of Myofascial Key Trigger Points (MKTrPs).**

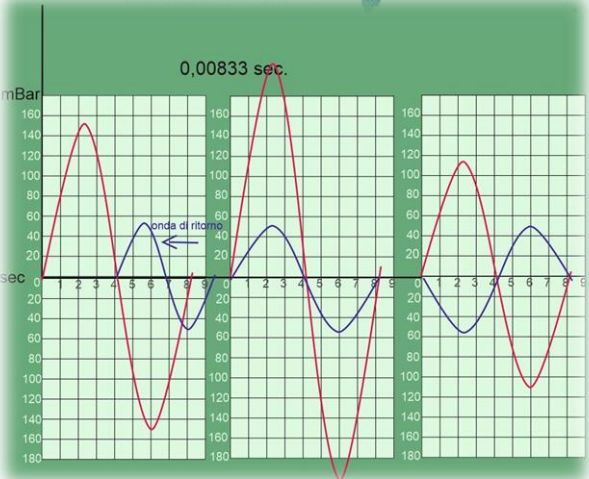
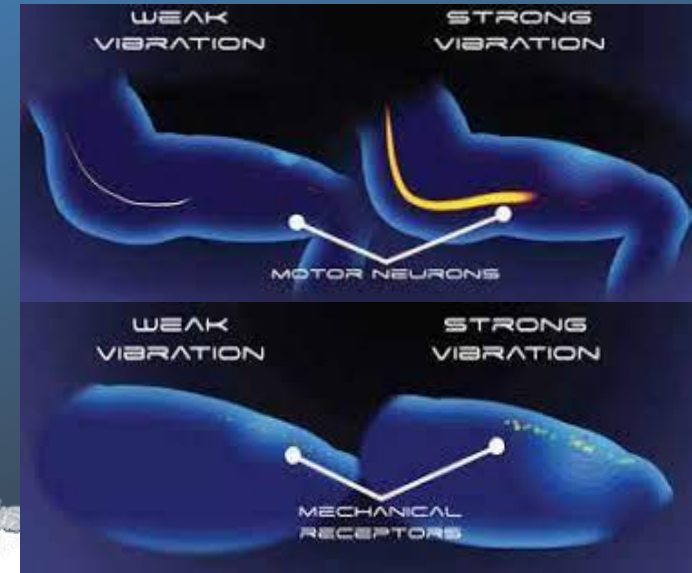
- **It has been observed that the rebalancing of somato-visceral and viscerosomatic reflexes can occur through peripheral stimulations of MKTrPs through different techniques**

(Prosperi L. et al.-2022, Barassi G., Pokorski M. et al.-2021)

- Aim:**
- Our study wants to demonstrate the effectiveness of the identification and treatment of MKTrPs through Focused Mechano-Acoustic Vibrations (FMAV) Vibration Sound System (Vissman Srl- Fiano Romano -RM) in**
- Cardiac and Cancer surviving patients affected by Chronic Low-Back Pain (CLBP)**

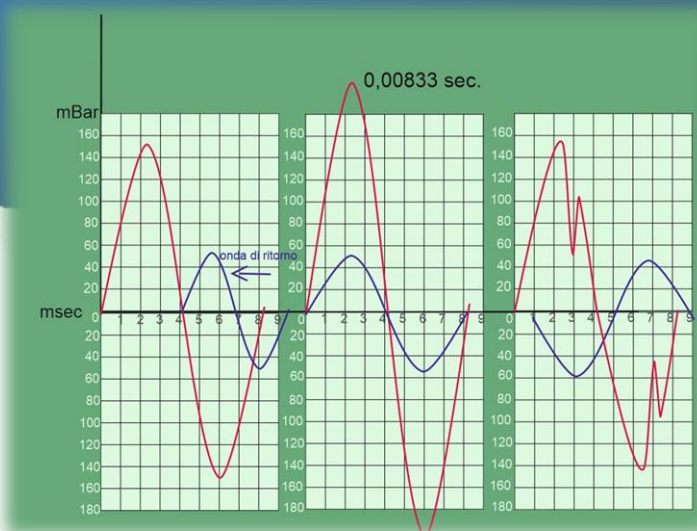


# ASSONANCE – COHERENCE Vibration Sound System



HARMONICS

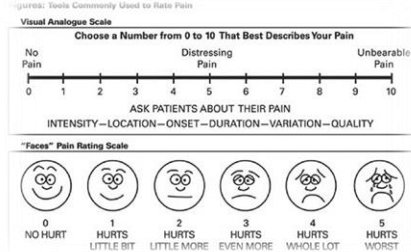
$$Vs/f/4 * 1,3,5,7, \text{ etc.}$$



## Square Wave:

**Uses fast-moving air cones to produce a Square Wave Mechanical Vibration. This Vibration is transferred to the skin by self-standing transducer and passing through the surface layers and fat tissue stimulates the mechanical receptors, known as “High threshold activation”..**

**With the Square Wave the pressure peak remains for a very prolonged time (about three times longer than with the sine wave)**



# Materials and Methods:

**Clinical data of 20 subjects, examined and treated at the Ce.Fi.R.R. Rehabilitation Center: Gemelli Molise Hospital (Campobasso-Italy) and affected by CLBP, were collected and observed from January to June 2023.**

**The sample was composed by 12 women and 8 males, average age 48 years old.**

**The patients underwent FMAV treatment for a total of 8 sessions, performed with a biweekly frequency.**



# The evaluation systems

**The VAS Score and for the Postural parameters:**

**DIGITIZED BIOMETRY (Diasu Health Technologies-Rome-Italy)-Biometric Postural Index (BPI) (Normal value 0-10)**

**The treatment consisted in the application of FMAV for 2 minutes on each of the 4 most dysfunctional MKTrPs previously identified through the study of dermatomal skin impedance thanks to an impedance-metric device-ENF-**

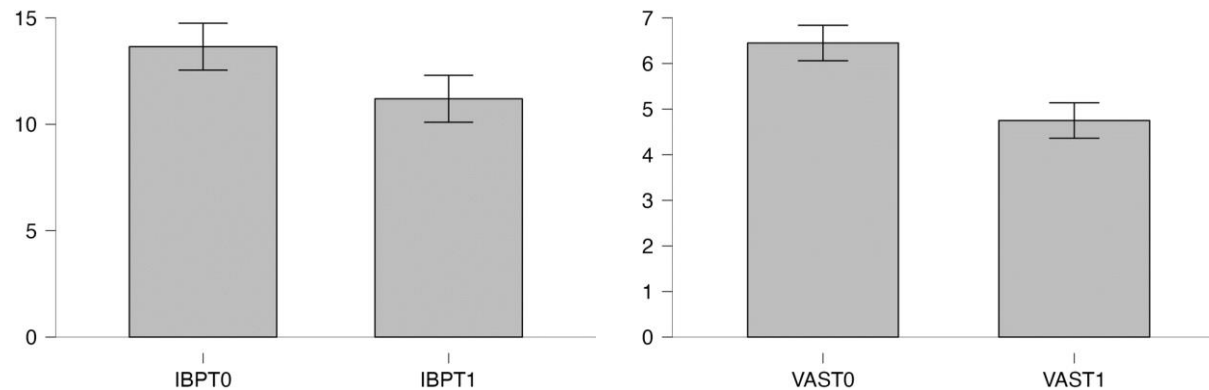
**(Fast Therapies-25013-Carpenedolo BS, Italy).**



# Results:

**A statistically significant reduction was detected both for the BPI (T0=13.6, T1=11.2,  $p=0.004$ )**

**and in the VAS scale (T0=6,45, T1=4,75,  $p<0.001$ ).**



# Conclusions:

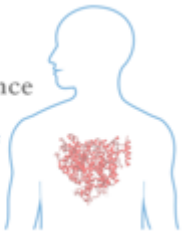
**The study showed improvements in terms of pain and posture in patients suffering from CLBP,**

**consequently reflecting on the quality of life of patients without side effects, through targeted treatment,**

**but with systemic neurophysiological effects according to the principle of minimum stimulus and greater response**

**(Weber-Fechner-1860)**





# LAWS OF BIOLOGY AND SOCIETY



**THE PRINCIPLE OF WISDOM IS REVERENCE FOR CREATION AND NATURE**

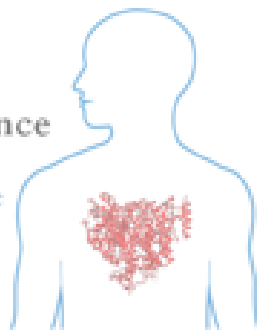
**WITH WHICH I CAN RESONATE AND SHARE...BUT...  
I CANNOT RESONATE WITH THOSE WHO WANT TO COMPETE WITH ME!!**

**THE ECONOMY INTRINSICALLY GENERATES A PATHOLOGY  
I CANNOT RESONATE WITH ANYONE BECAUSE OTHER PEOPLE CAN  
HURT ME**

**SOCIAL REGIME THAT RESPONDS TO THE LAWS OF BIOLOGY  
THERE SHOULD NOT BE COMPETITION BUT COOPERATION!!!!**



MRTBS 2024  
1st International Conference  
Modern research trends in  
biomedical sciences: a holistic  
approach to health care  
Opole, Poland, 17-19.04.2024



## Bio-Physico-Metric-Approach in Musculoskeletal Dysfunction



**Giovanni Barassi** MSc,BSc(Hons),D.O.

\*PhD in Advanced Sciences and Technologies in Rehabilitation Medicine and Sport

\*Lecturer Faculty of Medicine and Surgery:Catholic University of Rome/Campobasso

\*Lecturer (subject expert) School of Medicine and Health Sciences "G.d'Annunzio" University Chieti-Pescara

\*Ce.Fi.R.R. (Physiotherapy, Rehabilitation and Re-education Centre)

Teaching headquarters "G.d'Annunzio" University of Chieti-Pescara- Viale Abruzzo,322-Chieti (Ch)-Italy



