

My life for Medicine, my life to Medicine



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Profesora Dott. Leonella Milani lze právem považovat za renesanční osobnost. Nasvědčují tomu jednak jeho brilantní pedagogické schopnosti, ale i výzkumné a četné publikační aktivity a mimořádně široké spektrum odborných zájmů zahrnující jak alopatické, tak komplementární lékařství a zejména medicínu nízkých dávek (FRM). Je znám jako investigátor klinických studií a projektů z oblasti rehabilitace, neurofyziologie, akupunktury, homeopatie a laserové a manipulační léčby. Navíc proslul profesionálním, specificky vlídným a vysoce individualizovaným přístupem k pacientům. O tom, že personalizovaná, „na míru šitá“ terapie, platí z hlediska medicíny 21. století za lege artis trend budoucnosti, snad už nikdo nepochybuje. V následujícím rozhovoru jsme se pana profesora mj. zeptali na jeho zkušenosti z praxe i vědy.

Professor Dott. Leonello Milani can be considered the Renaissance person. Suggesting both his brilliant teaching skills, but also numerous research and publication activities and an exceptionally wide range of professional interests including both standard and complementary medicine and medicine in particular, low doses medicine (PRM). It is known as the investigator of clinical studies and projects in the field of rehabilitation, neurophysiology, acupuncture, homeopathy and laser treatment and handling. In addition, renowned for its professional, specially gentle and highly individualized approach to patients. The fact that personalized „tailored“ therapy, the terms of medicine 21st century lege artis trend of the future, perhaps no one doubts. In the following interview, we asked the professor, inter alia, to the experience of his practice and view to the science.

1. Professor, remembered you, please, to persons and circumstances that contributed to your decision to become a doctor? It has a history in the family tradition of medicine?

The personality which inspired, influenced and encouraged me mostly to study Medicine was my motherly grandfather, who was born the same day of the same month as I was. I also have his first name. He was a brilliant and compassionate doctor. Some of his patients wrote very grateful letters to him, thanking for the treatments they received; I still keep them along with his personal diary. From these documents comes out the personality of my “grandfather doctor”; my family and I value them very much, especially because my grandfather died when he was only 47 years old, a few days before the Second World War exploded. It must have been difficult at those times working also as a researcher in the field of Microbiology, write and publish some articles without being part of the National Fascist Party. His well-framed picture was always there in the house where I grew up and his “presence” was always a reason for respect, admiration and inspiration to me, also during the difficult moments of my adolescence. Grandfather Leonello died nine years before I was born, but I do believe that his soul and vibrations were always there when I had to take important decisions, as

the one of becoming a doctor myself and going on along his pathway: being a doctor, trying to be a good doctor.

2. What were your medical beginnings? Where have you gained pilot experience, did affecte you some of the older physicians as a model?

The beginning of my medical career, in 1974, corresponded with the very beginning of Acupuncture in Italy. This period was marked by very important decisions for my career. The first official Post Lauream Clinical Acupuncture Course was established during the academic year 1974-75, at the Surgical Clinic of the University of Turin.

I am proud to state that I was one of the 22 participants of this first, memorable Course in Italy, among the very first ones in Europe. Since that moment, when I was a young student at the Postgraduate School of Neurology, I understood that Chinese Acupuncture – which was then interpreted only in an “energetic” way – had some specific anatomic and physiological references. I also understood that the role played by the Peripheral Nervous System, especially Visceral-Sympathetic, was crucial for the rational, scientific and neuro-reflexological interpretation of the ancient Chinese Acupuncture.

Analysing these concepts took all of my study and research time and led me to write articles, and – above all – my first book in 1978 (Acupuncture and Visceral Pathology), and my second two years later (1980 – Unknown and New Acupuncture). The books examines the Dermato-Neuromeric Theory and the Myo-Septal Theory, and the practical indications of these theories. I am pleased, and a little proud, that I can verify that these two first books of mine are still searched on the Internet and that they can still be of some help to other doctors. Surely Prof. L. Rocca and Dr. A. Quaglia Senta from Turin in Italy and my French masters, Dr. R. Bourdiol from Paris and Dr. P. Nogier and Dr. Jarricot from Lyon were extremely important for me. My admiration for their deep scientific knowledge and for the way they transmitted it was not inferior to my respect for these great personalities. At that time I was the youngest of their students: their shining example of clarity and intellectual honesty represented a sort of “imprinting” for my professional activity. They were true and extraordinary masters in science and life. I remember them and honour them as fathers. Now, after forty years, my feelings for them has one name only: devotion.

Some meetings... change your life.

3. For many years you held the position of the chief editor of „La Medicina Biologica „ and „ Physiological Regulating Medicine“. Where do you get ideas for articles, what is your source of inspiration? What issues going on next year?

I have been the Scientific Director of the quarterly Journal La Medicina Biologica for 18 years and of the annual Journal Physiological Regulating Medicine for 10 years. From Italy and abroad, every month spontaneous articles are sent to the editorial office with the request to be published. These articles are evaluated by a committee – which I name from time to time according to the different topics – in order to select the best articles to be published. I pay very much attention to the style, the iconography and to the references, apart from the content, of course. Moreover, when I consider a topic particularly important and up-to-date, I ask the relevant experts to write specific articles. I prefer to publish articles which can also give practical indications, protocols which can result useful to the readers, so that they can be introduced easily and quickly in the daily praxis (from “know” to “know-how”); but also cultural and theoretical articles, regarding the nano-concentration sciences. I've always considered that a good theoretical article can enlighten, also for the potential future practical developments of Low Dose Medicine. After all, the evolution of PRM is due to the establishment of new knowledge in the field of Immunology, Endocrinology, Neurosciences and Nutraceuticals. Also the articles regarding seasonal pathologies, or pathologies prevailing in certain periods of the year are relevant for the timing of the 2 Journals. In any case all articles must be of interest and up-to-date in order to supply the reader with optimal inputs. A Journal has the goal to inform, train, and maieusis. In 2014, I can foresee the publication of the Procedures of the 27th International Congress of Biologic Medicine, as well as the publication of articles concerning topics on Immunology, the therapy of arthro-myofascial pain, the therapeutic overlapping – nowadays more and more up-to-date, i.e. the overlapping between conventional and low dose medicine –, Pediatrics, Prevention, Social medicine, etc.

4. In which medical fields you see the greatest potential application of low doses of medicine? In which health problems is advantageous or even necessary cooperation of conventional and complementary medicine? Starring in the role of economic factors?

The greatest potentials of the application of PRM and – more generally – of Low Dose Medicine, concern the treatment of:

1. Acute and chronic osteo-arthro-myofascial pathologies;
2. Pediatric diseases [prevention and therapy of ILI (Influenza Like Illness); prevention and therapy of URI (Upper Respiratory Infections)], and of the most frequent pediatric diseases relating to Internal Medicine];
3. Immune and autoimmune diseases;
4. Inflammatory and chronic diseases of the Gastro-Intestinal Tract (IBDs = Inflammatory Bowel Diseases, as the Chron's disease and ulcerative colitis);
5. Diseases typical of the aging process (osteoporosis, osteopenia, neuropsychic disorders in the elderly, etc.).

–It is ascertained that the global costs of PRM and low dose therapies are – with equality of therapeutic effects and administration time – inferior, sometimes substantially, to that of conventional therapy, especially in patients suffering from chronic diseases, who need to be treated for long therapeutic courses or with no interruption at all.

5. In the context of the global aging population, the incidence of depression in developed countries and an increasing number of people with memory disorders and associated loss of rational thinking, perception and self-pleased by our readers information that PRM has to offer to geriatric, psychiatric and neurological patients.

I can state that PRM is remarkable for its efficacy and state-of-the-art therapies. This is because in conventional Neuropsychiatry and Neuropsychology there are no equivalents. PRM offers the availability of neurotrophins at the same therapeutic concentration of those present in the human organism, as NGF (Nerve Growth Factor), Neurotrophin 3 and 4, low dose hormones as Guna-Progesteron and Guna-Prolactin, of low dose Melatonin and low dose Neurotransmitters – implied, in different roles, in the pathogenesis of mood disorders in the elderly – and of Guna-Brain, very effective in slowing down brain aging, supporting and boosting cognitive and mnemonic functions, apart from recovering cerebral functions after TIA (Transient Ischemic Attack). Conventional medicines used in these pathologies are burdened with such severe side-effects that the prosecution, and, consequently, the effects of the medicines can be compromised.

6. The research you are engaged in, among other things, „triangle of memory“. How is the stimulation of selected points on the ear lobe with the processes and conditions such as cerebral vigilance, learning and concentration, the production of neurotransmitters (ACH, GABA, dopamine, serotonin)? Familiarize us with specific outcomes and their relevance for practice?

In the Program of the Course of Human Physiology, which I attended in 1971, some extra seminars held by Visiting Professors were organized. One of these seminars was held by Prof. C. Hane from UCLA

(University of California), the greatest world expert of his times in the field of memory and its disorders. Prof. Hane was a great and charming communicator and he knew how to conquer the audience's attention. Memory lies in the Limbic System, that subcortical part which leads the modulation of the emotions, aggressiveness, instinctivity : an "old" portion of brain in the more "modern" human brain.

When, in 1975-76, I began my studies in Auricolotherapy and Auricolomedicine with Dr. P. Nogier from Lyon and Dr. F. Bahr from Munich, I perceived the possibility of using the stimulation of some auricular points to boost mnemonic and learning abilities, also because some of my patients had asked me for such interventions. After five years of experiments, studying 46 cases, I presented my results in the stimulation of the so-called Alpha Triangle or Memory Triangle during the 6th Congress of the World Scientific Union of Acupuncture, Florence, 25-29 June 1980.

The definite article was published in an Italian journal in 1981, and in a German one in 1983. In 1981 I was invited by Dr. R. Umlauf to give a lecture at the Czechoslovak Congress on Acupuncture with International Participation, Brno, June 3-6 1981. Many Czech and Slovak colleagues were interested in my lecture and – among these – also the brilliant Prof. Vladimír Notovný, that I remember with much admiration and respect. I am pleased that my Memory Triangle still interests many people. So far I have treated more than 1.000 cases with the same 5 auricular points discovered almost 40 years ago. With the stimulation of the Memory Triangle it is possible to boost (85% in all cases) the mnemonic and learning processes both in healthy individuals and in those with genetic, chromosomal, and acquired psychic alterations.

7. In your clinical practice is largely devote musculoskeletal diseases. Years of working with MD with collagen injections, what attracted you to their application, their place in medicine today, and what you have learned?

In the last 30 years, after a period of study in Chicago and after I "discovered" the existence of the American Pain Clinics, very popular in the USA, I mainly dealt with orthopedic and rheumatological pathologies (musculoskeletal diseases) using Acupuncture in neuroreflexological terms, the result of my personal studies, Auricolotherapy, Soft-Lasertherapy and local infiltrations with low dose medicines in the Acupoints, in trigger points, in the projected or referred pain areas, in the sensitive areas, metameric or extrametameric, etc. with low dose injectable medicines.

In the last five years I have been working almost exclusively with Collagen MDs, reaching quality results, permanent and without side-effects. My interest in Collagen MDs originates above all from the consideration that no other molecule than collagen can anatomically restructure articular capsules, ligaments, tendons, muscular bundles, apart from reducing spontaneous pain and movement. Therapy for osteo-arthro-myofascial pain cannot exclude the use of Collagen MDs, which are known and used in many European countries and which are trusted by many doctors, including Professors and Head physicians.

Collagen MDs are appreciated thanks to their versatility, and for their beneficial effects in chronic and acute pathologies.

8. To illustrate the previous answers would be well served by some interesting case report of your ambulance.

The finished cases I treated with Collagen MDs amount to over 500, with very satisfying results (success percentage acute/chronic = 80% ≈). Every case is unique, naturally, but the application of Protocols is fundamental. Generally, I complete the therapy with the prescription of Guna anti-IL-1 drops and Guna IL-10 drops per os, to be administered at home, and – when possible – with physical reeducation.

9. You have participated in the preparation of the protocol for post-registration studies with MD injections. Which theoretical and clinical aspects of your form as you build into account?

Yes. All the 4 study and evaluation Protocols for the pathology of shoulder, hip, knee and lumbar-sacral rachis originate from the personal experience aimed at quantifying the pain intensity and the physic performances and to monitor them at T0 (Time 0), at midpoint, at the end of the therapy, and at follow-up. In drafting the Protocols I tried to adopt a simple, effective and scientifically correct methodology so that not only specialists, but also general practitioners can fill in, quickly and precisely, the different items of the protocol. During the ...preparation of the protocols, I submitted them to some colleagues who specialize in orthopedics and physiatrics to test them "on the field". I think that these protocols represent a good tool to check and study a wide range of clinical records evaluated in a correct and homogeneous way. I maintain these 4 protocols are an effective tool which avoids tiring doctors and patients. These Protocols also offer the opportunity to measure the positive evolution of the objective and subjective symptomatology in order to compare recorded data.

10. What would you like to say to medical colleagues in the Czech Republic? Some current observation, any gloss?

If I can deliver a message to my Czech and Slovak colleagues, I'll say that only passion, enthusiasm, love and spirit of innovation in their daily work and study make the doctor – either working in a University clinic or in a little village in the mountains – a good doctor. They both share the same duties; they both work for the same goals; they both practice the most beautiful, respected and beloved profession in the world. PRM is not just a new Medicine. It is – above all – a new theoretic and practical methodology, an innovative, refined and unique approach not only to the disease, but especially to the patients, in their PNEI entirety. This is another message to my Colleagues.

I'd like to add a piece of advice aimed at young doctors: be proud to be a doctor, study with passion, attend Congresses and Seminars and – if that's the case – don't be afraid to criticize, gently but firmly, a lecture you don't agree with. Nobody loses when things are made clear; everybody loses when things are left pending. Medicine is made up of facts, not words. Intellectual honesty wins all the time.

interviewed by Lucie Kotlarova