

the necessity to administer only the methylate form of folic acid in low dose (well below 1 mg per day), c) the abused administration of opioids which bring a series of psycho-neurological adverse effects, as well as an increased death rate.

Moreover, chemical and physical pollutants were shown to interfere, also under the form of endocrine disruptors, with human health contributing especially, but not only, to metabolic diseases.

The last session focused on integrative oncology, once again presenting some evidence on the relevance of PNEI system on the onset and prognosis of neoplastic diseases. A few complementary treatments, such as oxygen-ozone therapy, cannabinoids and high dose melatonin,

were discussed together with the proposal for a science-backed beneficial nutritional plan, mostly based on a lower carbohydrate intake, for neoplastic patients.

Ultimately, the event has represented a first step in trying to share broader scientific horizons in biomedical discipline, presenting a wide range of evidences against a few currently used therapeutic approaches and in favour of a more integrated medicine, not solely based on drugs and technology, aimed at “choosing wisely” through a less reductionist approach.

The videos of all the presentations (Italian language) of the congress are available at the link <https://www.youtube.com/@associazionenutrage9969/videos>

Attilio Cavezzi

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CHIVA approach to venous insufficiency

Report of the Webinar - MASTERCLASS of the Brazilian Association of Phlebology and Lymphology (ABFL), with the support of the Vasculab Foundation, Mar 28, 2023, Brazil

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ABFL NEAR TO YOU!

MASTERCLASS

DATE: MARCH, 28 2023 TIME: 7:30 PM

The hemodynamic approach to venous insufficiency allows a better diagnosis and more physiological treatments: CHIVA

Dr. Angelo Scuderi - Coordinator
Dr. Claudia Sathler - Commentarists
Dr. Felipe Faccini - Commentarists

DR. CLAUDE FRANCESCHI
SPEAKER

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The hemodynamic approach to venous insufficiency allows a better diagnosis and more physiological treatment CHIVA

Claude Franceschi

Discussants: Felipe Faccini and Claudia Sathler
Moderator: Angelo Scuderi

Dear Colleagues and Friends of Phlebology

On the 28th of March at 7:30 pm (Brasília time) we organized a virtual meeting that I consider important for those who wish to deepen their knowledge in modern phlebology.

For approximately a century, the treatment of varicose veins was limited to the destruction of saphenous veins (either by “stripping or phlebo-extraction or more recently using laser, radiofrequency, glue or even foam). With that, we were convinced over the years that this would be enough to treat varicose veins and prevent recurrences.

Now, we all had the opportunity to see the inconsistency of these statements. Not only the saphenous vein destruction is not enough to treat varicose veins, but we also know that recurrences occur regardless of the technique used to destroy these veins.

I am now approaching fifty years of uninterrupted practice in phlebology and having destroyed thousands of saphenous veins (I consider myself a “serial killer” of saphenous veins), came to the conclusion that I was really

wrong in the approach to “varicose disease” (I like to use this expression that was coined by the late Prof Mario Degni, instead of simply “varicose veins” as it gives the idea of continuity).

My “conversion” occurred when I met Claude Franceschi and his fascinating theories on venous hemodynamics.

In this webinar, we had Claude Franceschi as a guest, telling us about hemodynamics and his CHIVA strategy.

Claude Franceschi is French and speaks English, Italian and Spanish perfectly. Nevertheless, we provided a simultaneous translation from English to Portuguese and vice versa.

In addition, he was willing to speak “live”, despite the time difference, which entailed an extra sacrifice for him due to the late hour in Europe.

Participation was free

Claude Franceschi talked for 25 minutes about the importance to evaluate the venous disease under the hemodynamic point of view. This approach allowed us to understand the symptoms, the trophic alterations and how to treat the disease more adequately with better physiologic results, avoiding an useless destruction of the Great Saphenous Vein. He described the method CHIVA to treat the venous disease.

After the presentations the Panelists made comments about their experience with CHIVA. They used the opportunity to ask to Prof Franceschi details about the procedure.

After that Dr. Scuderi provoked the audience (about 64 doctors) to do a questions and comments.

At the end, after one hour, the moderator Dr. Scuderi closed the session thanking the participation of all.

I would like to share the comment of **Felipe Puricelli Faccini** (Discussant) about Franceschi’s presentation

First, I would like to congratulate Prof. Franceschi for the presentation. It is worth mentioning that Franceschi's contribution to Phlebology is greatly important. He joined the medical experience with knowledge of Physics, and previous medical knowledge to develop important knowledge to better treat venous patients.

The presentation covered most aspects of hemodynamics. Of course, the topic needed much more than 25 minutes to be fully discussed, but the presentation entices the appetite of the viewers to further study venous hemodynamics.

I studied in Brazil and have performed hundreds of saphenous ablations and strippings before studying hemodynamics and migrating to preserve the saphenous vein in all cases. I did this migration because I realized that I could obtain good results without destroying the venous capital of the patient.

The saphenous vein may be important in the future of the patient. A saphenous bypass graft may save the life or limb of the patient. The saphenous vein may be the natural bypass if the patient suffers a trauma or thrombosis of the deep system. Furthermore, the saphenous vein kept in place avoids forced re-modeling of veins after surgery and makes recurrence less erratic.

Claudia Sathler (Discussant) underlined several points of interest, listed schematically as below:

Questions and answers

1. **Duplex Scan (DUS): What's the post-test predictive value?** *In the 1980's, Dr. Franceschi was mastering the DUS knowledge. Currently, we have seen this technology losing its significance. Sometimes, DUS use is just for detection of any amount of reflux in the Great Saphenous Vein (GSV) to justify its inclement ablation.*
2. **To whom belongs the "Onus Probandi"?** *If I am recommending to spare the GSV, I have to give less probation than if I wanted to ablate it. This kind of mentality has to be affirmed, nowadays.*

3. **As for me,** *I have seen many patients in which the GSV was eliminated worsening in the **short term**.*

4. **OUTCOME** *What is the outcome to be expected after treating Chronic Venous Disease? The 93% probability of having his/her GSV occluded in the first year? Not at all! The real Outcome is to give them a better quality of life, to reduce or abolish the specific venous symptoms and the greater time possible free of varicose veins.*

5. **Meaning of the term "reflux"** *This term "reflux" is losing its relevance... It's meaning is fading in the actual scenario because it has been trivialized. It would be more effective to think about "Leak&Anarchy". The most significant points of reflux related to vein enlargement.*

6. **"The minimal invasive fallacy"** *The most important aspect is not to ablate with few trauma but to NOT ABLATE the GSV, if it is possible and effective to do.*

7. **Take home message:** *In young people (<45 yo), CEAP C1-C2, the first thinking is to spare the GSV. We need more randomized controlled trials to reduce the uncertainty of this issue.*

Finally, I thank Claude for his teaching mission and Felipe, Claudia for their passionate comments.

Angelo Scuderi

President of the Brazilian Association of Phlebology and Lymphology. Past President and Emeritus President of the Union Internationale de Phlebologie (UIP)