Macro Biophysical Physiological Distress in Origin of Addiction and Prevention

*Naisberg Yakov

AMCHA- Branch Netanya, National Israeli Center for Psychosocial Support of Survivors of the Holocaust and the Second Generation, Netanya, Israel

Abstract

Brain imaging shows that many parts of the brain are lit by the transfer of micro biophysical physiological information units flowing through deregulated neuronal webs connectivity to non-specialized memory centers to produce an abnormal MIND activity maintained by congenital genes or extra personal stress-distress to onset and sustain a transient homeostatic deregulation (THD), to block it with a macro biophysical physiological neuropsychotherapy. The aim of it is to present a short cause of THD, replaced by a transient homeostatic resynchronize (THR) remission sustained in the long run to help addicts to regain health and function.

Keywords
THD; THR; BOR

Objective
a) To identify people with severe macro biophysical physiological distress, while increasing daily exposure to external / internal stress sources and experiencing severe internal strain with negative emotion and lack of health that causes severe obstruction to professional care (preclinical evidence), and turning to self-medicating, or media, or both, which have a strong potential for achieving impaired physical well-being with pleasant ‘healthy’ emotions (clinical addiction). b) To identify addicts who have been exposed to and accepted the neuro-biophysical physiological method of primary collaboration (clinical evidence) and demonstrate the use of anti-stress strategies, the acquisition of tools for solving current problems, the acquisition of interpersonal assertive communication techniques, and the attention to positive scenarios that together drive a true body tranquility that rewards with pleasant emotion and cognitive well-being in the long term (clinical prevention).

Methods
Clinical evidence collected over 50 years of the author’s work and rehabilitation of addicts and others has gradually enabled the replacement of conventional treatments with macro biophysical physiological neuro-psychotherapy combined with anti-depressant and anti-anxiety drugs in dosages without side effects and achieving in the first two to four months a clinical remission. Continuing to train patients regularly to reduce medication gradually over another 4 months and adhering to neuropsychiatric exercises to thoroughly refine the tools and skills and maintain daily routine in positive social activities and long-term personal and professional functioning.
Findings
Display that addicts and others who adhere to this method gradually learned to cooperate and achieve reliable outcomes relying on own acquired new tools and skills to reach the first stage of clinical remission, became stabilized and imbed the basics of the neuro-psychotherapy by being convinced that drug therapy does not educate at all.

Conclusions
The macro biophysical physiological neuro-psychotherapy is the best congruent program for adolescents and adults to counteract any addiction and alike neuro-psychiatric disorders. Future standardized research programs based on this method will illicit the strength of lasting remissions and levels of function with a productive quality of life.

Background of Addiction
In line with many reviews and research articles, old art has failed in both, treatment and addiction prevention [1, 2]. There are limited testimonies that explain its true nature and the best approach to prevention. However, morbidly mutated genes could not feed the daily stress and caused a transient homeostatic deregulation (THD) with physical agitation and negative emotion in an unhealthy cognitive sense. These subjects were treated under medico-conventional methods leading to relapses and under social pressure, have resorted to self-treatment by alcohol, drugs, medias, or combinations for an enjoyable ‘tranquility.’ These feelings turn on the fault engine into a ‘pro-passive’ transient homeostatic resynchronizing (THR) state of bodily operational ranges (BOR) with a peaceful and rewarding body with pleasant emotions to provide the personal life paving the road to develop addiction [3, 4]. The new term of ‘addiction’ will convince both professionals and patients that personal control over the supply of materials and their use is a ‘loving heart’ in developing neuro-biophysical physiological insight, which increases the consumption of alcohol, drugs, media or a combination of alpha rhythmic THD they suffer replaced with THR intervals, running anywhere in their miserable daily lives is needed.

The Macro Biophysical Physiological Neuropsychotherapy for Prevention [5, 6]
Experts and addicts must fundamentally understand personal etiological agents, and the overall THD pathogenesis of addiction could be blocked and prevented.

On a such rational approach addicts must be trained to regain personal resilience, helping to set up proactive THR lasting periods under fundamental principles.

The first. Substitutes stress-inducing with stress-free interpersonal and social encounters. Why should this be done? Because the team provides them with the best solution in helping them to end up in vetting on addictive substances.

The second. Develops awareness in addicts that each of them has a different rate of BOR with an inner emotion that is related to a given BOR level, so they must navigate their organism with a suited personal rhythm that produces body tranquility rewarding them with pleasant emotion and cognitive sense of health.

The third. Differentiates any out of all personal stress-inducing agent requiring blocking with simple strategies and tools to be entrained on spot.

The fourth. Prepares rehabilitees to gain awareness with an emphasis on diverting their attention from the inner world to an external world in which there are many neutral or positive factors and to focus all efforts on them until one experience a safe calm state.

The fifth. Adds basic knowledge to avoid discussion on health problems with family or friends or with laymen’s and sharing it only with true professionals to avoid feeding neuronal abnormal loops.

The sixth. Bases on the discovery of sources of stress and deals with the development of awareness and tools of how to discourage them, rather than to discuss that stimulates the existence of deregulated neuronal webs connectivity.

The seventh. Rests on acquiring awareness of the critical need to protect self from unnecessary life event scenarios exposure, by avoiding such or preparing stress-free ones.

The eights. Trains subjects in groups to use only assertive techniques that guarantee equal standing in one’s environment.

The ninth. Guarantees that a rehabilitee treats others in a positive manner and actively requires an identical approach to himself.

The tenth. Guard’s self to be in stress-free environments and adhere to neuro-psychotropic drugs when prescribed by your doctor to be in short term use to avoid reset the path of ‘health malfunction, which need to be strictly avoided by the staff.’
The eleventh. Redirects rehabilitees on acquiring a full set of personal problem-solving techniques satisfying in practice to raise self-confidence in handling daily problems.

References


