

Resilience of biological homeostasis: A single shield against the coronavirus. Naisberg Yakov AMCHA (R.A)-National Israel Center for Psychosocial Support of Survivors of the Holocaust and the Second Generation

Naisberg Yakov

National Israeli Center for Psychosocial Support of Survivors, Israel

*Corresponding author

Naisberg Yakov, National Israeli Center for Psychosocial Support of Survivors, Israel

Submitted: 06 Aug 2020; Accepted: 11 Aug 2020; Published: 24 Aug 2020

Abstract

Medical practice demonstrated that subjects who inherited normal genes can maintain a healthy schedule throughout life expectancy and vigorously ensure their physical and mental resilience as a shield against infectious diseases. Resilience is based on macro biophysical neurophysiological parameters comparing healthy homeostasis, to address specific external means of maintaining normal neuronal loop (NNLA) activity, providing synchronized body operating ranges (BOR) with four daytime and four nighttime sleep phases. The NNLA protects the movement of biochemicals and others, including fluids in BOR that synchronize daytime rest alertness, with minimal, moderate, and maximum physical or mental load and slow down BOR speeds during sleep stages I, II, III, and IV. These BOR phases are fed from external physical information units in a stable dynamic homeostatic margin range that we refer to as transient homeostatic synchronization (THR) mode. THR is synonymous with resilience and reversal within the internal organism driven by objective obtained from a macro biophysical neurophysiological objective data and subjectively the person feels his relaxed body rewards him with pleasant biological emotion and cognitive well-being. Subjects who have inherited or acquired abnormal genes have been linked in action to abnormal neuronal loop operation (ANLO) that causes chronic distress at different levels of intensity, we call transient homeostatic desynchronized (THD) condition with accelerated BOR and causes hypersensitivity or slowing of BOR to be hyposensitive. It provides a single or mixed DSM IV disorder. The purpose of this paper is twofold, treating resilience as internal homeostasis on the one hand and replacing THD with macro biophysical neurophysiological informative therapy (MBNIT) that drive the BOR given to a resilient version of THR or to a flexible healthy state on the other.

Introduction

A well-designed MBNIT has great potential for maintaining a sustained homeostatic resistance defined by synchronization between all the biochemical components, internal minerals and fluids distributed across the cells, tissues, organs, and systems of the integral organism. Internally, it is regulated by of active (NNLA) function. that provides subjects with the voluntary control over the faculties of the mind to experience the speed of action of the preventive body operational ranges (BOR) for relaxation in the body, which is biologically translated into pleasant and rewarding emotion and cognitive well-being.

The corona virus epidemic is challenging for the first time the negativity of current high-tech civilized communities with high pollution rates, low resistance, and high fatal outcome among senior groups at high risk of contracting the disease. Repeated

wave rates of the corona virus epidemic in the developed technological world have reduced quality of life along with declining local and global economic activity, creating a strong source of pressure that has weakened the organism of people suffering from internal distress to influence. Public morality to lower human opposition to it.

And it is most difficult to live under the uncertainty of predicting any personal goal for some time the raging epidemic will continue in the absence of a beneficial vaccine and for some time economic decline and individual discipline will continue to lower quality of life according to the rules and regulations set by the Ministry of Health. And it is the strongest stress factor that captures any cause of internal distress for lower resilience and leaves subjects without protection from the corona virus.

Because the vicious epidemic challenges the overall medical community, not only to develop appropriate vaccines or new drugs that work effectively, but also to place an innovative and clear power in simplifying medical tools in a program that produces a positive impact on both, improves personal resilience and strengthens compliance with local protection programs.

Against adhering to the coronavirus and learning flexible professional approaches to entering the workforce in acquiring new jobs. From a tangible scientific-cerebral point of view, an action plan is presented that does not include drugs but exposes the general public to theory and practice that have the potential to regulate voluntary mechanisms that control healthy resilience as opposed to automatic mechanisms that control loss of homeostasis with low resilience.

The Basics of a Macro Biophysical Neurophysiological Workshop Profitability

Two interrelated goals are designed to appeal to local communities in re-education to achieve strong resilience against the corona virus. The program consists of eight large training sessions, each of which lasts 4 academic hours with 10-minute breaks after each training hour. The content of the original biological workshop introduces simplistic terms of the biophysical information units of the mind that pass through the simplified wiring of the brain to enter one of two opposing conditions, healthy resilience, or disease.

The workshop is designed to train local psychotherapists from all training modes, social workers, nurses, biology teachers and student counselors and the like. Because priority is now given to public resistance to the corona virus, participants who complete the basic route of the BMNIT resilience workshop will receive an official certificate to train residential neighborhoods, families in groups equipped with the renewable local fee. Such training will create control in a community undergoing expedited medical education with the desire to return to routine vital aspects by preventing adherence to the corona virus.

The principles of the unique mind, brain and body intervention method are based on a powerful toolbox, add skills by strategy that infuses placebo-induced internal activity by monitoring attention vectors to achieve a range of action of the body operational ranges (BOR) at a relaxed pace to release pleasant emotion and cognitive well-being. The given method compares the power of two elements, namely 'emotional correction' of the mind with the intensity of speed in BOR activity in a phase of serenity in the body, which plays a vital role in optimizing the insight of an integral body-brain-mind domains operating at macroscopic clinical levels.

During remission each subject voluntarily navigates his or her emotional control due to stress or stress-free BOR levels. This generalized understanding prefers to prioritize BOR levels for the purpose of monitoring relaxation states in favor of biological rewards of pleasant emotion 'and psychological gift' of biological cognitive well-being.

After all, we further present these principles that consider the crucial needs to address the objective and subjective data of key elements of how they are applied in CBT, psychodynamic therapy and MBNIT as a means of protecting against their recurrence. Therefore, for each complex life event (LES) scenario, the mind, brain and body simultaneously transmit parallel information units that are received by all external sensors and then transmitted through a neuronal connectivity network to the working memory center.

In which the information units mobilize a defined amount of metabolic energy power in a unit of time and produce the given BOR velocity that motivates the macro biophysical neurophysiological information units to provide in real time the emotional power at the BOR level to synchronize. Together the cognitive insight power of the subjective/objective experience of the given LES. Under these conditions, the table below presents three treatment methods for psychiatric, psychological, and physical patients.

CBT treatment primarily prioritizes the ten principles that are all characterized by achieving performance improvement. In some ways this method helps in restoring functional improvement. However, it does not provide from a biophysical and biochemical neurophysiological background a chronic condition of high sensitivity, which has given rise to prolonged and strong internal distress and lack necessary medical intervention components. Yes, psychodynamic therapy has the advantage of creating a strong, reliable, and long-lasting interpersonal relationship that has withstood many situations and crisis tests that produce personal confidence with a reliable therapeutic figure.

This dynamic method does not create conditions for imparting tools, strategies, and skills by daily exercises with those around them. Thus, patients are not equipped with the necessary tools as the CBT method does. Both psychological methods do not equip people with tools to protect a person from disease and how to prevent chronic recurrence.

The only method that focuses mainly on health recovery mainly is the MBNIT which restores health, restores function, and improves quality of life. Thus, MBNIT with its resilient direction is the best method of protection for medical teams involved in the corona virus to improve their resilience in addition to adhering to the principles of care they provide.

Why does MBNIT Maintain Short-Term Resilience Development?

First, the public is highly threatened by the failure to predict the corona virus that results in subjects with different pathological strengths and for this reason it naturally increases public motivation and raises voluntary expectations to find a way to increase their resilience level.

Second, the public frustration from the ineffective psychological aspects is immense because there are no individual messages on

how to raise personal resilience to keep them healthy and protect against the corona virus.

Third, today, there are no vaccines in the world and there are no new drugs that will raise the level of resistance to the corona virus.

Fourth, to date, medical and neuroscience have not presented a theory and one practice of targeting THD replacement to THR states that the former is at high risk, and the latter carries strong homeostatic potentials such as resilience.

Fifth, the single neuroscientific MBNIT may address the short-term THD and THR dilemmas in favor of rapid-psychological reorganization to beat the corona virus.

Six, in the first phase MBNIT contains a macro biophysical neurophysiological workshop, consisting of 8 academic sessions, each lasting 4 hours with 10-minute breaks after each hour in planning to train medical nurses, social workers, clinical psychologists and mental health workers for the establishment of local work teams to provide a modern explanation to the target population in a publicly affiliated preventive body for assistance to the Ministry of Health.

Seven, in order to maintain the clinical training of local public professionals the community sponsorship for public gathering must be obtained as soon as possible with the approval of the Ministry of Health to train subjects in need of the public in a manner that maintains personal distance.

Eight, because the psychiatric, psychological, and social workers were not medically oriented, the author argues, they should be able in a national emergency to acquire the MBNIT a new directional approach with additional support from the socio-medical center to be established.

Ninth, professionals completing the MBNIT accelerated course possess tools that include a new medical resilience trend that will undoubtedly raise public hope that the corona virus can be controlled like other infectious disorders and at this point the general public will accept the benefits of the method and properly submit to the three principles of Ministry of Health. It will also advance the vision to return to economic activity while maintaining MBNIT aspects based on a stabilized return to routine.

Tenth, the author of this article is a neurologist and psychiatrist working in both fields simultaneously for over 50 years of professional practice, developed and perfected the given MBNIT model that protects personal resilience while relying on placebo-driven strategies and stress neutralization techniques, tools, techniques, skills by turning the THD condition into a state of THR that maintains personal resilience.

The Table for Comparing the Medical Efficacy of three Treatment Methods

Therefore, presenting a table with three psychological, psychiatric, and neuropsychiatric prevention methods will help each clinical team worker choose the best method for building and strengthening personal resilience, interpersonal assertiveness, good stress reduction, good accurate targeting, and good problem-solving techniques.

Any subject that has such armament within it will prevent her or him from wasting personal time and effort in competitions that emphasize the self over others. It is true that she/ he will always increase the acquisition of any additional piece of knowledge that will improve her/his level of success in the application, and will cause a fresh break in his/her curiosity to explore a new angle in the newly discovered scientific basis. And such a method promises to lead subjects to higher resilience, and now mainly increases the internal resilience against the corona virus.

CBT	MBNIT	Psychodynamic Therapy
1. CBT arose from psychodynamic therapy that focused on changing patients' behavior based on personal formulations and their cognitive difficulties.	1. MBIT bases focusing on prevention and direct medical care that trains patients in practice theory aimed at making the morbid condition healthy.	1. Psychodynamic therapy depends on interpretations to elucidate the emotional and mental processes.
2. CBT proactively constructs a therapist - patient interactions with tools-based cutout demarcation short-term caring remodeling for a functional background.	2. MNNIT - ensures a quick understanding of the macro biophysical neurophysiological mechanisms supporting healthy versus morbid conditions.	2. Psychodynamic therapists are convinced that behavior is influenced by unconscious thoughts and therefore, openly encourage expressions of emotions, sayings, and negative feelings that frighten vulnerable emotions that have been repressed out of conscious awareness.
3. CBT strives to create a process of mutual attachment that is built on collaboration as patients actively learn and practice the tasks.	3. MBNIT sharpens awareness of two identified genetic systems: healthy controlled with normal neuronal loop activity (NNLA) and morbid by automatic control of abnormal neuronal loop operation (ANLO).	3. Psychodynamic therapy is designed to address the basis of patients' attitudes towards psychological processes and in this way helps in reducing the symptoms and improving the lives of people.
4. CBT - a method that strives for the purpose of understanding the distortion in behavioral performance and seeks a way to change interpretation and in the process performs correction. The other part, that this method is constructive to relieve problems while making a behavioral change.	4. MBNIT practices through strenuous learning to maintain past and present health experiences that will ensure complete control over all aspects of the biophysical neurophysiological mind that will navigate the reality demand with adaptive responses.	4. In psychodynamic therapy, therapists help patients gain a more insight into the community relationships in which the individual lives today while addressing the levels of adjustment. In addition, they also assess patterns of behavior that individuals develop over time.

<p>5. CBT as a Scientific Method uses the fundamental learning of the tools needed to overcome the given barrier in the present enabling to adjust whenever it needs.</p>	<p>5. MBNIT particularly emphasizes the importance of blocking any physical and social life event scenarios (LES) and teaches to avoid environmental-physical stress and teaches to make current relationships by having positive current experiences.</p>	<p>5. In psychodynamics, therapists find out which of the issues of life is difficult to deal with as with thoughts, feelings of concrete life factors. Also, of early experiences in the individual's life that repeat themselves in present.</p>
<p>6. CBT is a method that aims to expose the patient to a gradual situation to without fears and life events of which he is afraid and educate to weaken and eliminate old fears or limitations and allow to withstand measured pressures without relapses.</p>	<p>6. MBNIT's goal is to create a collaborative and proactive system to help the patient change the tool he gains according to his personal taste. With any aggravation, she/he must have realized that they had missed the problem of worsening. It is important to know and prevent that such mislead increase ANLO's biological sensitivity.</p>	<p>6. Psychodynamics encouraged to talk to patients about all sorts of painful and past failures, anxieties, tensions, depressions that are saturated with gourmet stress. For a medical approach therapy is not helpful. Psychodynamics claim it can help expose vulnerable emotions that have been repressed out of conscious awareness.</p>
<p>7. CBT as a whole principle clearly and unambiguously defined that its treatments are deployed in the short-term and there will be no obstacles to acquiring all the necessary tools.</p>	<p>7. MBNIT uses a macro biophysical neuro-physiological stimulus to drive accelerated or decelerated BOR into parameters that provide physical tranquility. For this reason, the special tools, techniques, conditions, and special protection strategies are called placebo monitors of an unsynchronized condition with ANLO for a condition well synchronized by NNLA.</p>	<p>7. Psychodynamic therapy uses repetitive patterns that help therapists sharpen patients' awareness of how they have developed their distress and how their defense mechanisms are not helpful in dealing with reality. Most patients by gaining such insight may begin to change inconsistent behavior patterns.</p>
<p>8. All CBT sessions are understandable and thus have a defined mission that any concrete problem that arises is addressed either in place or by exercises as an integral part of this method.</p>	<p>8. NBNIT dictates a deep awareness that in each session patient will get a new tool to meet a failing point. This is briefly discussed on how, where and when or under which life event scenario (LES) a distinct tool can be useful. In addition, all traumatic experiences from the past should be weakened or eliminated as they cannot be repaired. Currently appeared an old problem, we must find a tool to eliminate it.</p>	<p>8. Therapeutic relationship is the core of psychodynamic therapy. It gives a person a lot of strength in therapy because he learns to demonstrate how he is in real relationships with glitches in the way that must be weakened to lower the intensity of distress. And of course, transference in therapy can show how early communications appear in repetitions influencing individuals today.</p>
<p>9. CBT teaches patients to identify, evaluate, and respond to their dysfunctional thoughts and beliefs.</p>	<p>9. MBNIT provides positive interpretations to behavior that were interpreted by both parties in negative contexts that were pre-built on prejudices that each person's intentions seek to tease and harm the other's dignity. This behavior can also occur in between groups too. MBNIT practices examples of misunderstandings created as a result of distorted ties requiring correction of clarification questions before any unnecessary negative response. For example, "when she/he feels hurt by the other, ask if she/he meant to belittle you or laugh at you or hurt you in a gossipy way. Then you will receive a direct and clear answer and act accordingly."</p>	<p>9. Transference is related to feelings towards the parent at an early age that without the individual's awareness in dynamic therapy conveys them towards the caregiver and the people who are most important to him in his present life. These behavioral prints are recurring and track any progress in improving interpersonal systems now. The dynamic interpretation that will be given gradually in a system of mutual trust will allow the individual to understand his / her behavior that blocks him / her in the relationships between adults in any community that expects adaptation according to local culture.</p>
<p>10. CBT uses a variety of techniques to change thinking, mood, and behavior.</p>	<p>10. MBNIT teaches self-identifying transient homeostatic resynchronizing (THR) states favorable influencing voluntary performances. THR drives the BOR into body calmness that rewards one with a biological pleasant emotion and a cognitive well-being</p>	<p>10. Psychodynamic therapy is available to all people who suffer from no difference at all in diagnosis individually, and is also suitable for couples, families, in group therapy. And the terms of treatment depend on the dynamics that will develop, short-term or long-term.</p>
	<p>11. MBNIT, teaches professionals to identify the conditions of (THD) which neutralize the effect of drugs that increase the illness intensity even while increasing the dose of drugs that were supposed to weaken it. The explanation for this clarifies that the individual suffering from this phenomenon is daily under undetected personal stress and the internal distress without weakening the sources of pressure by techniques, tools, changing conditions will not achieve the goal.</p>	<p>11. Short-term psychodynamic therapy is goal-oriented and requires as many as 25 sessions. Long-term psychodynamic therapy may take few years or more.</p>

The cognitive model hypothesizes that people's thoughts and feelings are not determined by a situation, but by their interpretation and construction of the situation	12. MBNIT entrains a) assertive communication, anti-stress tools and problem-solving techniques and the priority that it is easier to prevent rather than to treat.	12. Psychodynamic therapy claims that people tend to develop defense mechanisms. Defense mechanisms may keep painful feelings, memories and unconscious experiences. All those in the last hundred years using the method have not found evidence to establish alleged defenses. Common defenses are denial, repression, rationalization and others.
Recognizing this discrepancy, CBT seeks to modify the dysfunctional core beliefs that result in automatic thoughts which trigger emotion in any given situation.	13. MBNIT allows a person to always be required to move the body to a relaxed state. Why? Because serenity in the body gradually releases the neurophysiological faculties of the biophysical mind from temporary blockages that exist under THD conditions that through voluntary regulation replaces them with THR status.	13. Psychodynamic therapists encourage patients to express their feelings as they feel and talk about what it does to them. Also encouraged to speak freely because the secrets kept secret within the confines of a study only. Bring into treatment the fears, anxieties, tensions and desires. The psychotherapists' assumption that the repressed morbid symptoms will rise to awareness and that will create a good opportunity to work and correct them now.
Behavioral methods are often used to accomplish this task and education elements are often combined with the client's homework for successful treatment.	14. MBNIT gradually sharpens awareness of the importance of personal tools to work and positively impact by shortening the time to create THR states with each additional practice until the individual feels the BOR in physical peace and accordingly biologically compensates the individual with positive feelings of comfort and clear inner cognitive state of perceived in health.	14. For the psychodynamic method it is clear that since the patient's marks were formed in early childhood and are repressed and do not necessarily appear in childhood because they will erupt at any stage of the person in which difficulties arose in finding a solution to ongoing problems in later life stages then initial symptoms appear automatically and require treatment intervention.
	15. MBNIT recommends perfecting the positive tools for long-term advocates to have months and years on preventative measures on the old system that feel good quality of life.	
	16. MBNIT focuses primarily on clinical evidence that when THR stabilizes, it is a gradual trend of weakening many chronic and morbid personal conditions.	
	17. MBNIT sharpens awareness for protecting a person from being exposed to a) social manipulation, b) social blockage, c) social paralysis, and d) social alienation on the clinical term of 'social sliding ladder'.	
	18. MBNIT underline potential need to re-educate young couples in view of the given practice to prevent of having the THD encouraging them to recapture THR state.	
	19. MBNIT initiates rehab process for the subject who invests effort and achieves THR status and embodies the potential for advancing her/his creativity to a practical stage that will give her/him proper economic independence.	
CBT psychological method of treatment has partial medical orientation	MBNIT is based on a unified neuroscientific theory of mind, brain, and body to eliminate THD and restore health in THR	Psychodynamic Therapy is partially medically oriented

Conclusion

Medical resilience is a unique representation of the homeostatic background of the person who is suitable for his or her healthy mental and physical fitness, depending on the physical and social environments.

Medical resilience can be calculated by achieving significant quantitative and qualitative parameters defined by the lower to upper homeostasis threshold. Resilience is an evolutionary term that refers to the day-to-day activities of a particular person who

from birth inherits healthy genes and acquires during her or his lifetime necessary tools and skills that obey and support normal neuronal loop activity (NNLA).

*Resilience is consistently protected by a strong personal awareness of how the various external loads are adapted to the 24-hour circadian rhythms combined and maintains an internal balance.

*Resilience is maintained by body operational ranges (BOR) at increased speeds in four stages of physical or mental activity and a decrease of 4 stages in sleep intervals at night.

*Resilience is appropriate for healthy homeostasis and should be tested objectively in the future with technological devices. * Substantial resilience and healthy homeostasis can be subjectively measured by self-experience of her/his BOR resting stage that biologically bring a pleasant emotion and cognitive well-being to a certain level.

*Subjects born or acquiring abnormal genes that co-navigate in an abnormal neuronal loop (ANLO) action to lead the human organism to respond to any physical and social event under a transiently homeostatic desynchronized (THD) condition.

* MBNIT is able to simply correct morbid conditions in THD with healthy THR robustness.

References

1. Chekroud SR, Gueorguieva R, Zheutlin AB, Martin Paulus, Harlan M Krumholz, et al. (2015) Association between physical exercise and mental health in 1·2 million individuals in the USA between 2011 and 2015: a cross-sectional study. *Lancet Psychiatry*.
2. Holmes EA, O'Connor RC, Perry VH (2020) Multidisciplinary priorities for the COVID-19 pandemic: a call for action for mental health science. *Lancet Psychiatry* 7: 547-560.
3. Ponsford J, Draper K, Schonberger M (2008) Functional outcome 10 years after traumatic brain injury: its relationship with demographic, injury severity, and cognitive and emotional status. *J Int Neuropsychol Soc* 14: 233-242.
4. Cassel A, McDonald S, Kelly M, Togher L (2016) Learning from the minds of others: a review of social cognition treatments and their relevance to traumatic brain injury. *Neuropsychol Rehabil* 2016: 1-34.
5. Sacco K, Gabbatore I, Geda E (2016) Rehabilitation of communicative abilities in patients with a history of TBI: behavioral improvements and cerebral changes in resting-state activity. *Front Behav Neurosci* 10: 48.
6. McDonald S (2017) What's new in the clinical management of disorders of social cognition? *Brain Impair* 8: 2-10
7. Naisberg Y (2018) Macro Biophysical Physiological Neuro-Psychotherapy: Theory and Practice. *J Ment Disord Treat* 4: 1.

Copyright: ©2020 Naisberg Yakov. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.