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MBPNOM Destigmatize Mental Health and De-fragmentize Medical Practices with Unison Preventive Principles: Review

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Abstract

MBPNOM stands for **m**acro **b**iophysical **p**hysiological **n**europsychiatric **o**perational **m**odel in health and pathology. It offers its salient foundations to destigmatize Mental Health and de-fragmentize general medical practices with a set of integrated preventive principles. Preventive principles hold basic macro biophysical general physiological therapeutics rising personalize resilience strength aiming to restore regulatory mechanisms for transitory homeostatic resynchronization (THR), contrasted with transitory homeostatic deregulation (THD) states. MBPNOM relies on recent evidence-based fundamental microstructural and micro- and macro functional frameworks directing disintegrate medical and 'mental health' therapeutic practices into unify medico-oriented personalize preventive way of life.

Firstly, requires personalize self-awareness and active drive in keeping ones THR state within a stress-free Constellation of **a**ntecedent Conditions (COAC) setting, design to help sustaining strong resilience with acquiring STEM-related intelligent levels self-monitoring adaptation under wellbeing and good quality of life. Secondly, preventing THD formation and, if emerge instantly placing it under a vigorous operable modification with a Biophysical Monitor, aiming to replace THD with THR state. Sticking to these rationales, one would be able to gain skills a priori predict correct basal physiological outcomes. Prevention challenges Medical and 'Mental' Health' services alike with adopting **MBPNOM**. That unifying micro/macro biophysical physiological practice will integrate efforts on blocking new incidence and reducing prevalence rates. In particular, it enables challenging aggression, addiction, suicide attempts, sexual, eating, ADHD, migraine and other medical disorders, reducing community tension with constructive professional means.

Keywords: MBPNOM; THR; THD; BA

MBPNOM Working Scheme

For descriptive purposes, MBPNOM presents the overall insight on its working scheme (Figure 1).

MBPNOM demonstrate the healthy state under an ongoing transitory homeostatic resynchronization (THR). Why? Because human being under daily ecological/social stress inducing exposure, swing their THR frames of reference. THR attributed outlines present basic components helping to trace developmental stages at medico-biophysical psychological growth. It assumes that under stress-free ecological/social constellation of antecedent conditions (COAC) personalize resilience strength will rotate around normal sensitivity ranges to acquire intelligent levels helping to sustain health, wellbeing and quality of life.

MBPNOM addresses its main points on the necessity replacing morbid states under transitory homeostatic deregulation (THD) relapses into THR remissions. Hence, all psychiatric, neurological and medical disorders with chronic courses around relapse-remission_fluctuating patterns unequivocally should benefit from its basal preventive program.

If this is true, then the current level of medical prevention may lead to research-oriented STEM supported standardize approach, in gathering valid and reliable data in field practice and monitor with a Biophysical Analyzer (BA) cutting down rates of pathology? The given model presents preventive workable concepts that should foster and nurture the current practical vision on how that 'preventive dream' goes smoothly into reality testing for its realization.

MBPNOM Influencing Medical De-stigmatization and Defragmentation

MBPNPOM destigmatizes former psychiatric disorders and at the same time crystallizes current Biophysical Mind-Brain inseparable term [1]. Prior generations of medical doctors developed, cherished and led the classical medical model in hope to further advance it in fighting morbidity.

Medical doctors devoted themselves practicing like the prominent British physician Maudsley related mental to physiology [2], and Weber and Fechner linked mental to 'psychophysics' [3] trying to debase brain-mind duality principles. 'Psychophysics' wrong interpretations kept in lines 'nerve impulses, stimuli and evoked potentials' [4], having nothing in common with the nature of macro biophysical physiological neuropsychiatric information processing [1].

Further departure from an integrated medical model contributes to medical fragmental education and practicing approaches [5]. Similar fragmentized ways took on psychotherapeutic methods too [6]. The question is why the majority of psychiatrists were blinded to such a degree, as not seeing a direct link between the external physical information and the flow of information flow through neuronal webs ionic channels? I do not have a specific answer. However, my realization about its nature drove me to an understanding that an inseparable Biophysical Mind-Brain information processing units influent old (experienced) units, act like memory presets regulating working memory centers, similar to those like Software programs regulating Hardware and vice versa at least during defaults [7]. Adhering to my medical training on Topographical

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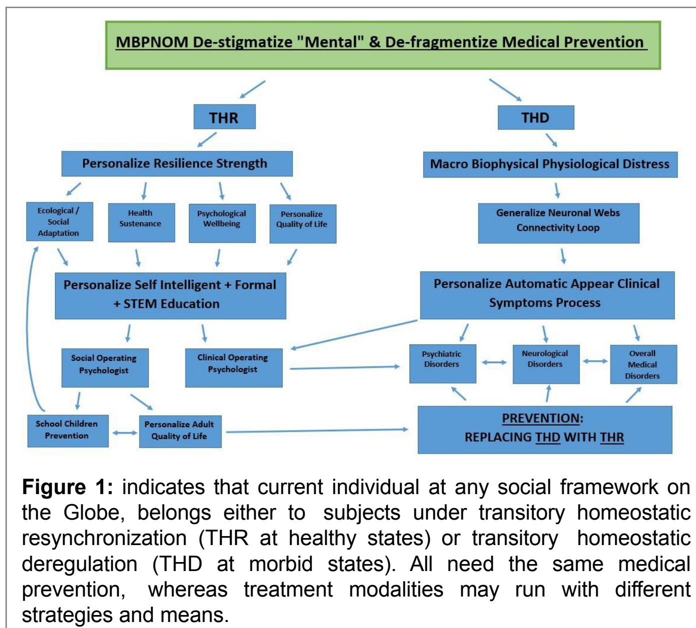

Figure 1: indicates that current individual at any social framework on the Globe, belongs either to subjects under transitory homeostatic resynchronization (THR at healthy states) or transitory homeostatic deregulation (THD at morbid states). All need the same medical prevention, whereas treatment modalities may run with different strategies and means.

Neurology, I scrupulously, piece-by-piece trained myself 'visualizing' topographical changes from post-mortem studies attributed to different brain syndromes providing diagnostics values in the pre-brain imaging epoch (8).

That valid knowledge kept me on trek, in which I comprehend that physical law operates in external inanimate and internal animate worlds alike [9]. By employing strategies based on two integrally interconnected and intertwined in an inseparable physiological operation, I realized that evolutionary inanimate energy-driven physical information units in waves actively resonate into outer micro bio-receivers (biosensors) matter. During that process, external energy-driven sources feed metabolic energy levels for body operational ranges (BOR), keeping underlying information processing. The latter directs automatic via immobile neuronal membrane ionic channels, into cerebral central processing unit for macro reprocessing, with verbal, non-verbal conceptual resolutions and expressions [10].

Under these key premises, one may crystallize a full understanding that physical energy intertwined with optical, sound, scent, touch raw information units of matter, being reflected from macro ecological objects, and social subjects depict live event scenarios. They travel via air resonating into massive numbers of micro neuronal biosensors matter. Physical data gets translated into mobile biophysical physiological information processing, intimately attaching to neuronal ionic Na+ and K+ mobile pump matter [11]. Physical laws keep authentic translation through all three neuronal sensory and associative longitudinal routes of communication. It means that biophysical information units tightly attached to mobile kinetics, obeying laws of physics while conveying macro messages through fixed micro rows of singular neuronal membrane ionic channels having wire-like properties. Hence, we should acknowledge that external physical information waves reflected from and emulating the local ecological objects, subjects and life events scenarios travel by their physical sources through air into outer biosensors. Those authentic waves carry on two critical components, composed of physical energy and information units of matter [12].

Under these conditions, cognitive meanings trigger off given physiological body operational range (BOR) kinetics that have been integrally serving the essences of internal communication. The principal point here is that biophysical information actively or passively expresses vocal and non-vocal thoughts containing distinct BOR amplitude, frequency and extension levels.

Automatic signals from any BOR level arrive into specific limbic regions equipped with neuronal clusters, containing biophysical information scaling-like electronic devices. Such biophysical scaling at any unit of time integrates and unifies our inner (subjective) sensational equivalents with BOR kinetic level receiving the term - biophysical emotional strength (BES) level. One may expect and predict that self – experienced feelings of the working harmonize organismic frame of reference should provide valid estimates, but should always meet the same level measuring levels obtained with electronic tools. The core point here is that gradational BES exists in dynamic terms for positive, neutral or negative sensational valence with feelings extending from minimal, mild, and moderate to maximal intensities [13].

Now, if two paradigms, cognition and emotion, prove that their BOR kinetics drive biophysical information units of matter, so should be their third behavioral goal-oriented task component too. Thus, the new medical scientific 'biophysical physiological Mind' (BPM) defines a given BOR level reintegrating triplet paradigms, cognition, emotion and behavior into a unifying BMP [14]. After accepting the BPM nature, the next priority should define the macro biophysical physiological pathology in terms of relying on a classical medical morbid model [15] having etiological causality agent, pathogenesis, clinical manifestations, treatment and prognosis prediction and related measurements. In this respect, lasting stress exposure declines personalized resilience acting as etiological stress-inducing factors causing inception of biophysical pathophysiological distress. As pathophysiology progresses, it harms singular rows of micro ionic channels physical structure, configuration, size, their biochemical composition influencing neuronal membrane lipid bilayer electrical bioimpedance shifts resulting in a transitory pathogenesis in a given neuronal webs connectivity loop [16].

Such loop deregulates incoming biophysical information processing in one or combines out of three pathophysiological versions; accelerate biophysical physiological information processing rates, like seen in manic patients, or decelerate that being present at retarded depression or genuine shunts seen in schizophrenic hallucinatory patients. The latter appear a result of shunting real information processing into a new non-specialize neuronal conductive route, conveying true messages into fault cerebral decoding centers. In such case, if some visual scenery fraction gets shunt into a conductive vocal center, the subject would hear 'hallucinatory voices' with having no recognition ability for self-identifying failure.

Homeostasis is the only human state containing anatomical ability to process biophysical physiological information units under normal regulation. Pathology neglects this essential ability. Hence, abnormal loops operate due to electrical bioimpedance automatic shunts or may operate above and below threshold of homeostatic frames of reference and leaving such subject to reality testing failure.

Micro/Macro Biophysical Physiological Transporters

There are three kinds of micro/macro biophysical physiological specialized transporters participating in the process of translation of external inanimate physical information delivery onto resonate outer biosensors, mobile ionic flow and neurotransmitter fluxes. Biological mobility of the information processing entirely complies with the same physical laws under which they travel through air. Under these equipotent conditions, one should measure and predict having identical optical, acoustic and scent units recorded with external electronic tools, displaying distinct mobile patterns alike inner macro biophysical information processing ones. Thus again, based on laws of physics, one should have a clear understanding about their authentic quantify and qualify properties, guaranteed by all these transporters. One must remember that under homeostatic frames of reference, these critical properties subserve, as a thumb of rule, given neuronal webs connectivity loops routes of neuronal communication.

Hence, it empowers authentic information point's biological capacity to precisely testing external events with internal equipment located within the brain and organized by evolutionary presets.

Evolutionary neuroplasticity monitors inner responses in transporting real (authentic) information, consistently, complying with external demand and internal intellectual replying tests. As a result one may assume that all micro/macro biophysical physiological transporters must have identical attachment and detachment property [17].

Re-conceptualizing Transitory Homeostatic Resynchronization [THR] in Psychiatry/Neurology

Transitory homeostatic resynchronization (THR) is a term to define subjects macro biophysical physiological levels measured during stress-free body operational ranges (BOR) fluctuating between lower and upper thresholds of homeostatic frames of reference. Hence, external physical information units bearing stress-free messages in waves resonate with outer biosensors translating them into equipotent biophysical information processing via intact neuronal web connectivity loops. At cerebral working memory centers such information gets reprocessing and adds to prior knowledge base, potentially better utilizing it as intellectual means and skills in self-navigating and promoting one's personalized resilient level.

Caretakers nurture and social guidance from birth to old age closely monitor accommodation between resilient levels with basic adaptation, preserving health, wellbeing, normal sensitivity and awareness to social development [18]. Freud's and other psychoanalytic theories [19] have nothing in common in nature with understanding the THR development stages. They wait for exploration by medical doctors cooperating with child- and adolescent-oriented neuropsychologists who should find many particularities attributable to normal predicted cognitive-emotional and behavior levels matched with a certain knowledge base and the complex of acquired and self –crystallized social compatible interactional skills, recreational, vocational, innovation and invention skills for predictions. Vitality of such research places professional in the forefront for preparing the next healthy growing population better to realize their real potentials, helping them in choosing their suitable mate, friends, profession, working place etc., finalizing in one's satisfaction is her/his quality of life.

Re-conceptualizing Transitory Homeostatic Deregulation [THD] in Psychiatry/Neurology

THD is a term to define subjects macro biophysical physiological deregulatory levels measured during stress-inducing body operational ranges (BOR) fluctuating above upper and beneath lower thresholds in comparison with her/his own average THR states. The critical point here is that current neuropsychiatric practice must re-conceptualize both medical fluctuating states in psychiatry and in basic neurological and all other medical chronic diseases or in faulty identified 'personalize problems'. In fact, it is better having a proper debate on how useful will be practice that destigmatize psychiatric illness or 'problem' by placing them into the classical medical model. The new offering neuropsychiatric classification may look like: *Transitory Homeostatic Deregulation [THD] with Predominant Panic/Anxiety/Depression/ Suicide Ideation/Paranoid/ Visual or Verbal Hallucinations/Aggressions/Addictions/OCD PTSD/ Anorexia Nervosa, Sexual Impairments and so on.*

What could this new proposal contribute to medical doctors, mental health teams, patients, their families and to any community in whole? Why and How?

It will contribute a great deal of knowledge in terms of what not to do to subjects under macro biophysical physiological distress. For instance, if, a subject displays psychomotor agitation in 'running from one to another medical doctor and finding only 'relax your health is OK', or 'there is no medical trouble', or 'it's only in your head'. Such patient under chronic state may apply for help to several psychologists who would lead her/him into family history, failing to point to current causality that triggered that, 'agitation'. Getting disappointed by the professional such patient may turn to self-treatment falling victim to drugs, alcohol, gambling, gangs behavior and so on.

Such subjects at risk generally are under lasting stress inducing factors get into gradual macro biophysical physiological resilience decline, transforming them even during remissions into personalize susceptible oversensitive and over- vulnerable individuals who uncontrollable deteriorate into new relapses.

The main key point here is that lacking resilient stability even at remission states requires basic training patients and highlighting their over-vulnerability for not taking arbitrary chances, but always self-controlling or consulting proper professionals what kind of necessary practical steps one should employ. Here is another important point, subjects with fragile resilience should require basic knowledge of its cause and trained to strengthen resilience potentials only in a systematic professional way. Some of preventive principles would be further disclosed.

Practical Anti THD Instructions

One must always remember that the priority lays in replacing symptom-induced with symptom- free conditions, because patients experiencing symptomatic expression repeat it at any family and social framework including medical one. Repeated symptomatic fixation worsens physiological distress levels and requires much higher medication dosages. That raises side effects at least. High medication dosages may gently harm neuronal ionic channels causing clinical deterioration. Therefore, it is most likely to remember that professionals should train such subjects not discussing their pathology outside their treatment facilities.

There is another key point highlighting that, when a subject is resistant to medication, one should instantly consider using the strongest anti stress strategy influencing the subject's daily stress-inducing life events. If the strategy would work, moderate dosages of medication may help in releasing levels of symptoms to providing needed boosts to subject's tranquility. Only by understanding the complexity of macro biophysical physiological THD and replacing it with THR, one comprehends the need for electronic devices allowing objective monitoring subjects condition by objective units. The critical point here is that in psychiatry, neurology and in the general medical practice it is much better using patients' subjective scales assessment, rather than performed by professionals. The latter might biased the data in increasing or decreasing its validity. Objective non-invasive raw biophysical data stays biased free before interpreting it. Practicing this high awareness had motivated the author of that article, seeking for an electronic engineer and software designer to assemble a harmless electrical bioimpedance device based on 10 to 20 EEG multi electrodes montage for scalp application. The rationale for it rested on the given model to monitor levels of improvement across impaired micro rows of neuronal webs ion channels at each standardized procedure. This is because one delivers precise amplitude, frequency and duration of non-invasive harmless cranial electric stimulation through predefined EEG-analog topographical regional points. This technology proved that it is feasible and quite objective to add it in practice, because it works like medication displaying evidences having bias-free interpretation and helping predict the number of treating procedure for reaching THR remission.

By adopting MBPNPOM in the biophysical psychotherapeutic sessions, one may easily explain that it operates on the same clinical effects like medication and electrical stimulation and being superior by having no side effects. Like other two procedures, they must monitor treatment effect by the macro biophysical analyzer (MBA).

A major point here is to underline that the treatment effort in any psychotherapeutic session must direct patients attention not to be repeating her/his troubled symptoms, rather on the immediate life event scenarios that precede that. One should understand when symptomatology holds high expressions so must be preceded stress-inducing events, requiring proper management. Suited preventive strategies and techniques and would be presented elsewhere. Professionals, using biophysical physiological psychotherapy, in the back of their mind must arm themselves with a priori prepared conceptualization on a linear step-by-step treating approach. It should incorporate; a) replacing THD morbidity with symptom-free THR remission, monitor lasting THR with concrete tasks and assignments, engaging caregivers in constructing 'protective belts' from stress exposure and 'constellation of antecedent conditions' (COAC), mainly preventing physiological distress due to social incompatibility. These crucial components are not of theoretical importance, but cement the foundation of our practical professional wisdom to pave the path on which patients would feel better and will stay willingly cooperating with our guidance. Hence, neuro-psychotherapeutic sessions hold utmost potentials in optimizing patients resilience by employing optimal usage of their assertive cognition, emotion and behavior in all family/social encounters.

The key point here is that direct induction of instant stress-free macro biophysical tasks holding information units 'tranquilizing patients', lead these valuable means to new horizons during macro biophysical physiological psychotherapeutic intervention [20-22].

Neurological Disorders Require Re-conceptualization

Prior to developing a full blossom neurological symptomatic illness, there is always a premorbid state or even combination of displaying symptoms to indicate an evolvement of multiple neuronal webs connectivity loops. It seems logical to assume that THD precede and integrally influences upon personalize resilience decline, rising susceptibility to factors triggering off or participating in any developed medical morbid condition including a neurological one. Such neurological morbid states must increase practicing neurologists' awareness on the need to acquire extra skills on how to manage THD conditions with neuro-therapeutic strategies, anti- stress and problem solving techniques. Hence, it is better to re-conceptualize neurological disorders with the same THD foundation: Transitory Homeostatic Deregulation (THD) with Predominant Brain infections/ Vascular Lesions/Intracranial Tumor/Cranial Trauma/Developmental Defects/Degenerative Syndromes/Toxicological Syndromes/ Metabolic Syndromes/Demyelinating Syndromes and Paroxysmal Syndromes.

This article brings evidence that neurological signs and symptoms intermingled with so-called psychiatric ones, resulting from one, two or more deregulated neuronal webs connectivity loops, running their natural course. In this line, the morbid neurological-psychiatric model will navigate young professionals that medicine really relies on biological matter able to reprocess external physical information resources into 'eatable' similar to eatable nutrition.

The key point here is that by comprehending homeostatic frames of reference, one truly perceives the inseparable micro/macro information units of matter regulating automatic and non-automatic processes via neuronal webs connectivity loops. Then, it seems rational that in chronic courses THD may have singular or multiple deregulatory loops with simple or mixed symptomatic pathology. Another critical point should direct us on practical efforts in replacing THD with THR symptom-free remissions.

In cementing our neuropsychiatric knowledge that neurology shares an equal part with psychiatry one should perceive one unique truth; neither one nor the other hold discrete circadian cycles operations, both had been, are and will be inseparable. Two laws of physics support such an inseparable function. One relates to ***turbulence*** [23], the other to ***Leibniz's law*** [24]. In the turbulence phenomenon, whether it relates to water or air running through tubes having partial blockages against direction of flow, the latter is covert or invisible but obeys laws of physics. By paraphrasing Leibniz's law that biophysical information processing units of matter travel via neuronal membrane ionic webs connectivity loops matter, both kinds of matter referring to same personalize subject fall into 'the principle of the identity of indiscernibles', treated by laws of Physics.

Precisely Leibniz's laws encourage neurologists sharing on equal terms with psychiatrists their unification in the macro biophysical physiological neuropsychiatric practice. If practicing neuropsychiatrists would lead a rigorous anti-aggression, anti-addiction, anti-suicidal ideation, anti-eating, anti-sexual, anti-sleep disturbances, it may organize the majority of caretakers and caregivers under one medical umbrella. Under such conditions my previous outlines for preventing drug addictions and aggressions [25] are more relevant in relating to MBPNOM today. To guide and control with research data a pilot multinational standardize method we unequivocally need practicing with a macro biophysical analyzer (MBA) data collection, analysis equally performed by all team members participation in interpreting efficacy levels of the method.

Macro Biophysical Physiological Psychodynamics Treatment Effects in Holocaust Survivors

HPT is a term defining psychotherapist's empathic emotional expressive level inducing at any session equipotent treating responses, regardless of topics under concern. If HPT is the core regulatory mechanism monitoring psychotherapists–patients working alliance, it must hold true therapeutic units developing trustful, real, stress-free condition, fostering, nurturing with each session strong attachment to the bond. Psychoanalytic treatment that continues for years unequivocally proves that HPT sustains the quality of a strong therapeutic attachment. Short patients vignettes on psychotherapist standing in the eyes of patients look like'; 'only I see her smile, relaxes me', ' for 6 years I'm in psychotherapy, I don't remember about what we talked, but I can always be talkative', ' I never feel bored with my psychotherapist', ' I feel my psychotherapist likes me and I feel better, ' When I'm angry, I remind myself on how my psychotherapist asked me to control myself and I get calm". It seems likely that discussing any 'what kind of topic' does not require giving interpretations, as long as the psychotherapist feels satisfied with his/her performed practice.

Operating for many years with MBPNOM required a lasting observation on HPT in concrete cases in co-therapeutic setting to analyze repeatable therapeutic effects. Another critical point required checking the overall 'constellation of antecedent conditions' (COAC) under which any team member operates, either under full cooperation or in competition with others one as a frame of reference . Still, another particular point related to gathering data on comparing patients attitude appraisals with regard to psychiatrist – psychologist treatment lasting processes in a non-standardize way.

Psychoanalytic practice follows a clear pattern on child –mother-caretakers' dynamics in relation to emotional interactions generating a 'what' kind of fixed pathology that repeats itself in daily practice impairing one's adaptation and so on. For instance, psychologist interprets a given patient by stating 'now she reacts to me as if I'm her bad mother and her psychiatrist is her good father'. Contrary to this interpretation, the reality was that this same patient had a strong positive tie with the psychologist. What kind of therapeutic elements contribute in this psychotherapeutic alliance? Analyzing point-by-point the 'how process' evolves and goes on, I systematically gathered these elements the hallmarks of which would highlight their strength will be pinpointed below.

A cognitive psychotherapist operates with the same psychoanalytic

theoretical framework, modified with a need to achieve a rapid improvement by teaching practical tools and techniques for better interacting with other subjects. For example, patient's attitude about such treatment session in the working psychologist-patient alliance looks like ' I think of what kind techniques and strategies the psychotherapist teaches me would not work. Nevertheless, I like to see her, look at her, listening to her tempo. I like such a temperament.' The same therapeutic elements on 'how processes' evolve and sustain keeps treatment effects to strengthen patient's resilience that, in turn reduces symptomatology helping driving one's THD state into THR remission.

From the MBPNOM point of view the biophysical psychotherapy [26] provides a direct therapeutic effect but not from psychoanalytic theory needed for recovery. For many years by working with clinical psychologists in the current social framework of the first and second generation of Holocaust survivors, I systematically observed the actual 'here and-now' dynamics of the 'psychotherapist-patient working alliance' favorable influencing those Holocaust survivors who were exposed to multi traumas and have multi morbidity too.

MBPNPOM places medical orientation on preventive rather than treatment strategies and techniques. Of course, in that process with combined comprehensive balancing strategies, one should allow boosting personalize remission resilience, sustaining an intelligent healthy way of their life. The baseline of therapeutic effects rely not on the essences of psychoanalytic theory rather than on psychodynamic (macro biophysical physiological elements emerging, growing developing and establishing) the trustful empathic bond satisfying patients' needs. Psychotherapy encourages co-existent positive emotional strength attributing to the rise in resilience level, deriving from and linked with good psychotherapist-patient working 'here and now' alliance, reinforcing the potent sense of psychotherapist contribution and patients adherence to her/his part in its realization.

Practical experience, working shoulder-to-shoulder with many psychotherapists in current framework, contribute to my process of identifying, recognizing, reassuring and reconfirming that medically-oriented approach is vital as any other treatment model. Holocaust survivors favorable respond to psychotherapeutic treatment in the way they received it. More than psychopharmacological drugs, it appreciates facts that 'longing holes for their losses were filled up with internalized psychotherapists empathy and strength guiding them for prolife, pro-wellbeing and pro-good quality of life in current survival'.

The main point here is that, despite following their 'theoretical classical psychoanalytic theory, their medical-oriented model in basic practice put their efforts ameliorating 'health problems' but, in essence, reshape patients medical health with their dedicated and persistent biophysical physiological non-verbal emotional signaling having beneficial effects. Those macro biophysical physiological components were identified by:

- Fully receiving patients with all their advantages and disadvantages,
- Building a trustful psychotherapist-patient working alliance,
- Expressing vivid interest in discussing any healthy or personal problem,
- Enabling patients overcome such problems by directing their possible trials,
- Expressing deep about all their experiences and expressing deep empathy to their trials and tribulations,
- Continuously keeping eye contact and an equal approach as a person- to- person,
- Keeping their basic duty to all life event issues provided by patients in secrecy,
- Displaying the best qualities of a good listener and keeping in mind not disappointing any patient,
- Displaying an ability for bilateral appreciation and nonverbal handshaking or hugging under a mutual comfortable feeling,
- Never judging patients and encourage them with exploring more social compatible tools and means preventing interactional stress encounters,
- Steadily develop awareness among care receivers to weaken own hypersensitivity by guiding them in building their "social safety net".
- Developing patients deep awareness that there is no substitute for health, for life itself and for their personal quality of life.

Many of elderly Holocaust survivors under such highly protected professional framework develop ongoing resilience in adaptation to their ongoing losses.

Preventive Pinpointed Means

- Correct medical STEM education designed to crystallize the leading role of neuropsychiatrists who should disseminate the given new model.
- Short-term retraining of psychiatrists, psychologists, all mental health professionals and volunteered neurologists on MBPNOM fundamental principles.
- Disseminating MBPNOM knowledge and advantages in preventing chronic relapses.
- Displaying advantages of MBPNOM potentials for healthy subjects.
- Displaying current disadvantages subjects at risk undergo within their transitory homeostatic deregulation (THD) states.
- Holding clear understanding why under THD personalize susceptibility to ecological/social stress generates generalize pathophysiological distress with particular sort of neuronal web connectivity loop.
- Identifying the most virulent etiological stress factors to be personalize in her/his daily sustaining generalize pathophysiological distress.
- Identifying repeated symptomology and perceiving the meaning of new particular symptoms clearly notifying that that extra pathophysiological distresses occur.
- Identifying human pathophysiology within medical model to destigmatize labeling one's behavior by blaming 'her/his temperament', 'born as an evil' and so on.
- Identifying patients need to remodify her/his immediate social network by actively 'paving the road' in arranging 'secure social belts' for their stress-free adaptation
- Keeping in mind, that patients oversensitivity or apathy indicate that they are in chronic distress with an automatic above and beneath homeostatic thresholds display.
- Encouraging the overall medical community, that there is no passive way in replacing daily 'bombarded' stress inducing physiological distresses require protection.
- Physicians treating, let say visual, hearing, dental, skin, respiratory, gastroenterology, migraine, multiple sclerosis, panic attacks and alike should have skills 'what to do'!
- Mental health professionals, in any public or private practice, should have equal duty and responsibility like medical doctors in restoring health, wellbeing and quality of life.

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- Common medical fundamentals will strengthen adherence to professional cooperation in counteracting stress inducing sources by high awareness of using adequate skills.
- Show that our stress-exposed morbid population is not defenseless as it seems by now, but having potentials under standardize prevention reaching better health control.
- Acquiring personalize effective anti-stress preventive strategy means.
- Acquiring suited problem-solving techniques for daily worries acting like stress.
- Adopting healthy scheduled daily life activities.
- Adopting stabilize night sleep hours to be essential for homeostatic balance.
- Adopting balanced nutrition and liquid with scheduled regimen.
- Adopting physical activities necessary for homeostatic balance.
- Leading a productive professional life
- Leading a fruitful social and family life.
- Leading suitable leisure spending hours.
- Adopting life style under daily awareness keeping health, wellbeing and quality of life.

Conclusion

The classical neuropsychiatric model reopens before the theory and practice of the macro biophysical physiological operational approaches new horizons. It holds preventive strategies as well as treatment potential too. It enriches practice and researches alike. It relies on STEM essential laws of Physics to obtain valid, reliable data contributing to new STEM inventions in the field of our practice and for the sake of illness prevention.

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