

## Synesthesia: The Macro Biophysical Neurophysiological Chronic Distress and Its Recovery

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### Abstract

Synesthesia is a pathogenesis of an inherited or acquired macro biophysical neurophysiological chronic distress originating shunts or detours mostly in the sensory neuronal networks and rarely in motor neuronal networks with a bouquet of classical signs and symptoms. Professionals such as psychiatrists, psychologists and neurologists seem to have come to terms with the fact of the existence of the versatile pathogenesis in synesthesia without giving weight to the need to correct it. The explanation is that without understanding the true pathogenesis, professionals did not see the symptoms of true morbid synesthesia and did not develop beneficial therapeutic methods for the purposes of weakening and further eliminating these symptoms. Thus, only the disrupted pathogenesis created following the abnormal congenital genes or acquired producing an internal distress that caused congenital bypasses or acquired in linked sensory neuronal networks that caused either excessive or numbed sensitivity to ecological and life events with ordinary stressors. The aim of the given article is twofold, primarily describing the inherited cause of macro biophysical neurophysiological predisposition to synesthesia and secondary the basic needs to correct the underlying morbidity with the macro biophysical neurophysiological psychotherapeutic strategies, tools and techniques.

## Introduction

Learning from childhood and experience of synesthesia signs show to be inherently interconnected [1,2]. There are many profound proofs that synesthesia originates from psychological stress-inducing stimuli [3,4]. And most significant fundamental proof rest on genetic aberrations [5,6]. Some authors address the altered biochemistry in the brain with associated signs of synesthesia [7,8]. Whereas others pointed out on the contributing factors of neuronal networks deviation in the nature of synesthesia [9]. There are articles advocating on multifactorial changes in the pathogenesis of synesthesia [10,11]. Therapy is insufficiently highlight as a method to weaken its pathological influence and even proposing a sounded psychotherapeutic approach [12,13].

## The Cause of Synesthesia Emergence

Since most cases of synesthesia are of congenital nature, they probably have a **genetic basis**. This means that children born to one or both parents who are sick or unbalanced internally (distressed) themselves develop activity by the abnormal neuronal loop operation (**ANLO**) that causes bouncy sensitivity or numb sensitivity to all of their ecological and life events scenarios (**LES**). In other words, the ecological or\and social environment is accompanied by LES that act as stressors to sharpen their impact on the ANLO which produces an increased or decreased body's operating ranges (**BOR**) of an **internal distress**. In such circumstances an internal distress deregulates a solitary or multisensory neuronal networks. Internal distress causes **blockages** along ion channels in neuronal lipid bilayer membranes and as a result emerges a **pathological bypass** across some **primarily miswiring neuronal networks** with secondary information flow channels delivering it into non-specialized memory center of the brain. Of cause such miswiring is under an automatic control of the brain by blocking off most of the minds faculties of a solitary or combined sensory modalities. There are the following known sensory modalities such as optical, acoustic, scent, taste, touch, temperature (heat and cold), pressure, humidity, dryness, varieties of pain and emotion of positive, negative or neutral variance ties of pain. Synesthesia (mental) patients should know that the mind faculties of those **sensory information are blocked** and therefore cannot be monitored by non-automatic mind's regulation. As a result, the underlying macro biophysical neurophysiological background originates and maintains an **automatic negative tension of anxiety or\and depression**. A significant factor in these situations is the ability of synesthesia (mental) patients of using their **attention vector pointed on selective living ecological and social (LES) of neutral or positive nature**. As long as these pathological manifestations are organized and crystallized, they are processed by a current term of a transient homeostatic deregulated (THD) state.

## The Macro Biophysical Neurophysiological Psychotherapy Correcting Synesthesia Pathology

A therapeutic approach requires navigating content and its form to healthy conditions in which the leading psychotherapeutic measures can be unequivocally organized in the results that lead to a state of homeostasis. As a first step it should be understood that healthy parents usually pass on to their offspring the mutant genes and care for their children in a stress-free atmosphere and equip them with proper methods that ensure continuous functioning by managing normal neural loop activity (NNLA). Under these conditions the positive explanation is given here that the NNLA automatically synchronizes all the organs and systems

in the organism to maintain the framework in a homeostatic reference. Such conditions were a matter of prediction according to the rules and regulations of the body's operating ranges (BOR) that calm the body at significant rest in order to reward a person in a pleasurable inner (emotional) state that allows for self-experience of underlying equilibrium. Consequently, patient should be trained under those premises to reach an internal balance. Even if good clinical practice should primarily incorporate the macro biophysical neurophysiological components, these should perform the steps of creating an inner pleasurable emotion. It should be noted that such a paradigm is indeed correct, then the macro biophysical neurophysiological psychotherapy will ultimately lead to a selective selection of ecological and social life event scenarios (LES) of a neutral or positive nature. The central point here emphasizes that synesthesia patients should be trained in the given conceptual model in order to provide vocal factors in the proper solution to the realization of clinical practice in weakening and eliminating chronic mental conditions. It is therefore worth noting to patients that any improved function actually means that the underlying background has reached a strict level that can be defined as a transient homeostatic resynchronized (THR) state at ease. In this context, homeostatic guidelines for the use of macro biophysical neurophysiological therapeutic measures in a step-by-step format should be implemented.

1. Psychotherapy is based on voluntary intervention which deals with the replacement of negative emotional states as a result of internal distress by mobilizing external and internal placebo-inducing sources leading to the emergence of positive emotion.
2. A tangible positive emotion leads to an inner balance to self-experience like a pleasant sense of rest.
3. Rehabilitation of synesthesia patients should from the beginning of psychotherapy focus on bringing their BOR to a calming state.
4. Using an internal incentive to replace patients' distress with a peaceful body that receives an automatic sense of happiness.
5. In order to achieve such a goal they must mobilize their own attention vector aimed at an external or internal placebo medium connected in ecological and stress-free directions.
6. Reminding patients non-stop to use stress-free sessions with everyone in the community releases the underlying inner distress and gives a general sense of satisfaction.
7. Maintaining patients by constant guidance in order to keep their physical peace from morning to evening which will be sustained a normal activity.
8. Blocking any discussion about his morbidity as a result of their old and basic trauma with friends, relatives and even with their caregivers that may increase their level of internal distress.
9. A reminder to block all negative experiences from the past that cannot be corrected in the present and thereby prevent signs of inner distress from being reinforced.
10. Sharpen patients' awareness and focus them on concentrating on social scenarios and potential events that by their nature ensure avoidance of mistakes and if they occur, they will know how to correct immediately.
11. Encouraging patients to practice exercising through systematic relaxation programs, meditation and partial yoga programs to help their bodies enter a state of serenity.

12. Encouraging patients to get in shape with the help of exercises that can be balanced internally up to three times a day, thus helping them re-synchronize their bodies.
13. Remembering to use quiet and pleasant music to create inner relaxation or as a substitute for oral rehearsals of some complete songs or a whole song.
14. Advising patients to use a number chain such as 9999 trillion, 9999 billion, 9999 million, 9999 thousand and 9999 dollars and download 1 from the end of the chain and repeat in this way in the heart until reaching body relaxation.
15. Advising patients to perform physical exercises or walks at a moderate distance that helps to successfully dissipate the internal pressure and thus bring the body to tranquility.
16. Using guided imagery and which uses to bring life events of a stay at the beach or river and waves come in a relaxing way and birds sniff from the thresholds that add to a quiet and pleasant picture and this atmosphere provides a positive and peaceful inner feeling.
17. Recommending to distract the attention vector from negative intrusive thoughts, inner morbidity or negative emotions to ecological events or neutral or positive life events and it will surely create an inner sense of calm which is an expression of inner balance.
18. Performing daily methods of hiking, running, swimming and moderate jumping that divert the patient's attention from any difficult and bothersome experiences that will lead to a pleasant inner feeling of balance.
19. Avoiding regular activities in the evening and physically exhaust the body by walking outside until 21:30 and then dim the light in the room and play quiet and pleasant music or watching TV natural landscapes, sea waves or jungle forests with an animal and at 22:30 going to bed for a calm lasting sleep.
20. Reminding the patient to drink about 1.5-2.0 liters of fluid during the day in order to be aware of maintaining fluid balance in the body during the day and the last drink to drink around 20:30 in the evening and make sure before going to bed to go to the toilet and urinate to sleep undisturbed.
21. Training patients to maintain three to four meals a day, to be active during the day, to maintain regular working hours, social recreation and general use of simple tools to create a strong tangible relaxation effect reinforces a positive emotion [14-16].

## Conclusion

The concept of synesthesia as known in this article is presented from a new perspective of the macro biophysical neurophysiological brain, the body and mind are marked with persistent chronic distress, thus affecting the sensory neuronal networks that cause their confusion in the sense of shunts and detours. In a theoretical and practical approach, patients suffering from this should be treated with strategies, tools and techniques aimed at the goal of weakening and in the long run eliminating their underlying chronic distress. And although the scientific literature describes people with synesthesia who have discovered a special linking gift to one of their sensory features and it is as if the sense is strengthened by the addition of sensory absorption for example visual or auditory and it is in the author's opinion not at all against seeking therapeutic tools. It should be noted that synesthesia patients almost need to reach a clinical sound state of sustained physical peace that completes an internal macro biophysical neurophysiological balance. This

process is necessary because only in achieving physical peace will all the senses and motor activity lead to the homeostasis state of health. Future investigations should be aimed at replacing the essential basis of preclinical subjective and objective data with ongoing lasting subjective and objective clinical data of body, brain, and peace of mind.

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