

Re-Adapting Medical Psychotherapy as a Uniform Design of Neuro-Psychiatric and Psychological Treatment: A Special Point of View

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Received: 01 April 2021

Published: 06 April 2021

Keywords: *NNLA; LES; ANLO; BOR; THR; THD*

Abstract

Medical psychotherapy is a new professional method for the use of external ecological and social means that yields a placebo inducing process that produces quiet conditions in the body by the free will that navigates patients' awareness of surviving and adapting within the homeostasis reference. For this to take place, there are two prerequisites to approve disputed by free will control of the mental micro/macro biophysical neurophysiological mechanisms operating in health and pathology. This means that in health mode, subjects take advantage of their free will to maintain the micro/macro biophysical and biochemical neurophysiological homeostatic reference frames, as opposed to subjects who have lost this background. Furthermore, subjects born to healthy parents inherit normal genes and with free will accurately monitor their life stages by normal neuronal loop activity (NNLA) of most local ecological and stress-free life event scenarios (LES). Subjects born to unhealthy parents inherit abnormally mutated genes that develop an abnormal neuronal loop operation (ANLO) that drives the automatic regulation of body operating ranges (BOR) with hyper- or hyposensitive signs and symptoms. Medical psychotherapists already possess 10 of the most prominent traditional psychotherapeutic processes along with 10 healthy, 10 morbid and 10 protective therapeutic factors in use. Overall, they lead a process of protection and treatment in the first place while mobilizing

the partially free will ability of the blocked mental faculties to navigate the patients' attention vector in neutral or positive life event (LES) scenarios. These strategies, tools, and techniques possess assertive means with stress-free sources that drive the BOR stage of the brain to create EEG-like oscillations in the serene subjective body rewarded with biological positive emotional expression and healthy cognitive expression. Given that most external sources are of a stressful nature, they produce homeostatic swings that carry a practical term for a transient homeostatic resynchronizing (THR) state. As for defect it carries of the term transient homeostatic deregulated (THD) state. Thus, the purpose of the given article is two fold:

1. Introduce the medical psychotherapists who have already adopted the 10 basic factors used in traditional psychotherapy.
2. Prove that blockages in neuronal ion channels in the brain impair the flow of micro / macro biophysical neurophysiological information units across mental disorders. And it is imperative that medical psychotherapists take a dual approach, releasing by distracting the attention vector on recruiting neutral and positive factors or driving the body operating ranges (BOR) for biologically rewarding serenity with pleasant emotion and cognitive health with improved quality of life.

Background

Medical psychotherapists employ their traditional professional skills for the purpose of stress-free innovation in guiding patients to transfer the body's operating ranges (BOR) to relaxation under normal neuronal loop activity (NNLA) that maintains a healthy state [1,2]. Medical psychotherapists are committed to containing essential knowledge that relies on ten basic healthy principles to guide and control the understanding of 10 morbid principles that rely on abnormal neuronal loop (ANLO) operation [3,4]. The individual with the disorder is able to activate the free will to mobilize the vector of attention directed towards ecological events and social life events in neutral or positive cognitive and emotional content [5,6]. First of all, the individual uses assertive tools, techniques and strategies as a means of regulating treatment by stress-free sources that propel the BOR to the load stage of rest and to minimum, moderate and maximum load stages to produce physical serenity [7,8].

Medical psychotherapists armed with innovative factors are gradually gaining additional new means of training patients to deepen the effectiveness of the patient's awareness of the need to at least weaken and eliminate mental symptoms and thus consolidate the re-synchronization of body, brain and mind's macro biophysical neurophysiological mechanisms [9,10]. Therefore, medical psychotherapists are committed to acquire a basic knowledge of how the body, brain and mind work in internal balance and in imbalance causing a disrupted BOR activation which is maintained by ANLO which causes a cognitive impairment linked to negative emotion and morbid feeling in symptoms [11,12]. Such conditions suggest that medical psychotherapists must instruct patients to monitor any stress that causes LES obstruction immediately or at least significantly weaken it to protect against the formation of pathological symptoms.

The New Conceptual Healthy Background

Here are 10 Principles based on the balancing mechanisms that form the necessary basis for the treatment of mental disorders.

The First Principle States that based on visual, acoustic, fragrant, taste and touch information reflected from objects and external life events move through the air by adapted physical energies and strike external receptors. These are activated by physical energy that converts it into metabolic energy that navigates authentic information units by recruiting neutral / positive events without stress.

The Second Principle Confirms that all of these social life events are monitored by the free choice of body operating ranges (BOR), which are stress-free, and translated by special external sensors to metabolic energy intensities equivalent to external physical energy.

The Third Principle Places the onset and stabilization of metabolic energy activity when the first and second principles operate, and the BOR velocity enters a resting stage of peace with body's tranquility.

The Fourth Principle Certifies that the success of the first three principles over time, changes the behavior of genes towards normalization. It means that they crystallize the synchrony under a normal neuronal loop activity (NNLA). The one who has acquired the abnormally mutated genes, will only need to work through the previous three principles to resynchronize such patterns. And the one who inherits the normal mutated genes will routinely maintain his health.

The Fifth Principle Defines the load of body's operating (BOR) relying on the daily alert cycle with 4 different stages of speeds, such as at rest, with minimum, medium and maximum physical or mental load levels. There is a tangible need to gradually tire the BOR exercise by free will and bring it to a deep rest towards the late evening hours to create an infrastructure for entering into 4 stages of normal sleep at night.

The Sixth Principle Corroborates that once all the previous stages are met then at this stage, appropriate conditions are automatically created for each stage of sleep under a proper interval of survival and adjustment arranged throughout the given period of life. It means that at sleep BOR stage 2 resynchronizes erotic dreams for accorded heterosexual orientation from adolescence and up for species survival. And at sleep stage 4 resynchronizes all organs and systems for the personal survival and adaptive healthy exercise.

The Seventh Principle Establishes that the nocturnal BOR under stress-free activity crystallizes and reinforces the transfer of information from the working memory center to the inactive storage memory under a defined code. And the individual in daily activity voluntarily adds selected topics that support the positive dreams to stabilize the additional coding in genetic patterns in the storage of inert memory.

The Eighth Principle Includes all types of macro biophysical neurophysiological information units that crystallize as motor feedback of cognitive connotation causing body's tranquility.

The Ninth Principle Reveals flow of macro biophysical neurophysiological information units move

smoothly across all tissues and organs as signals into the limbic region brain for re-translation as a positive emotion felt peacefully behind the chest of the body.

The Tenth Principle Declares that the mind is connected by synchronized cognition, emotion and physical healthy behavior. This means that when stress strains live event scenarios (LES) automatically strike external biosensors that may produce accelerated or decelerated BOR, above or below the lower threshold levels of homeostasis. These individual BOR fluctuations establish an internal activity given as a transient homeostatic resynchronizing state (THR) that is maintained in the long-term with the body calm with biological positive emotion power and cognitive well-being.

These 10 principles are deployed as a process aimed at gradually bringing the mind to its normal state in the brain. As a result, the materialistic mind freed from blockages could improve interpersonal relationships, curbing external and internal stressors, finding solutions to ongoing problems and creating a good quality of life and developing healthy mutation genes and adapted social behavioral change.

The New Conceptual Morbidity Background

Why and how it is important to understand the discovery of the basic principles for the source of mental disorders and how they are crystallized in 10 basic principles creating the process of a given mental disorder.

The First Principle States that people who inherit genes that have undergone an abnormal mutation are developing hypersensitivity or hyposensitivity for any normal stress inducing ecological and social interactions that have paved the way in a non-adapted coping in daily existence.

The Second Principle Defines that the individual in the abnormal adaptation over months and years strains and maintains the chronic conditions regarding the formation of the abnormal neuronal loop operation (ANLO) which drives an automatic body's operating ranging (BOR) stage.

The Third Principle Indicates that the automatic velocity of BOR rises above the maximum threshold or below the minimum threshold stage in the brain and body due to loss of balance and thus impairs the macro biophysical neurophysiological mind's flow.

The Fourth Principle States that above conditions block the neuronal membrane ionic channels in the bilayer lipid neuronal of mental neuronal networks (MNN) and autonomic neuronal networks (ANN) and thus the information flows automatically via indirect channels blocking the conscious regulation.

The Fifth Principle Affirms that such conditions subjectively cause people to suffer and feel one of two situations, excessive hypersensitivity or slow down hyposensitivity to be incoherent to any ecological and ordinary life event scenarios (LES).

The Sixth Principle Explains that such conditions process the mental information in the non-special pathway and therefore provides partial or all the information processed in the working memory center that bypasses in the brain which distorts it, and the individual produces a cognitive phenomenon as a maladapted

to the process of understanding the given situation.

The Seventh Principle Reveals that another route in sensory information processing also passes through abnormal information channels that bring the information from all body's tissues and organs to the non-specific limbic region in the brain which are translated by a negative emotion at the BOR intensity.

The Eighth Principle Unites all expressions, cognitive, emotional, and behavioral under a mental disorder that organizes it in transient homeostatic deregulation (THD) shaped by incompatible adaptation to most daily normal ecological and life event scenarios (LES).

The Ninth Principle Confirms that the above information is split and creates a false impression that the unconscious produces illness signs and symptoms and therefore the duty of medical psychotherapists to train patients how to deal with the weakening of THD intensities that will weaken the given pathology.

The Tenth Principle in Effect Requires medical psychotherapists not to touch on the analysis of THD symptoms as this will only increase the intensity of morbid symptoms throughout all chronic treatment as they strengthen the ANLO in BOR and therefore must eliminate the events full of ongoing stress and these weaken the ANLO.

The New Conceptual Psychotherapy Background. Version 1

Here are 10 crystalized principles under which medical psychotherapists gradually replace THD pathological states with established healthy THR one's.

The First Principle Initiates and explains that medical psychotherapy is good as a drug treatment and is preferable to it because it uses voluntarily selected strategies, tools and techniques that help in releasing mind's pathology of THD into a neutral state and later into a state of THR.

The Second Principle Directly Trains the patient to voluntarily monitor his body operating range (BOR) in a way that will move him to serenity.

The Third Principle Ensures that the free will is able to control the BOR directly under a basic pattern of its origin in selected tools of yoga, meditation, calisthenics, physiotherapy exercises as well as a feeling of relaxation beyond the chest.

The Fourth Principle Reveals the origin of chronic mental disorders that have undergone navigation through ANLO, which have been under constant stressors and therefore it is necessarily to actively block them in individual or group training with BOR monitoring tools in physical activities such as walking, running, gymnastics and stumps to achieve and maintain adaptive physical fitness.

The Fifth Principle Defines the additional conventional ecological and social tools that must be employed to strengthen the effects of BOR physical fitness while focusing on a soothing visual landscape, audible melody, comfortable sniffs, pleasurable flavors or pleasant self-touches to achieve physical adaptation.

The Sixth Principle Emphasizes the need to improve the combined, physical and mental resilience to be a function of extended physical fitness of BOR using mental factors such as calculating digital numbers, simulating flying birds, running animals, listening to pleasant songs that motivate BOR running into peaceful rest stage.

The Seventh Principle Re-Educates the mentally ill because their macro biophysical neurophysiological mechanisms have been broken, and the most comprehensive medium of protection and treatment begins to soothe the brain and body in BOR in order to achieve general self-controlled relaxation.

The Eighth Principle Indicates the tangible need to reduce psychomotor agitation or inhibition, invasive thoughts and other cognitive disorders while self-monitoring hypersensitive or hyposensitive BOR upon bringing it to the resting stage of BOR serenity.

The Ninth Principle States that there is a need to train patients in reducing the power of their emotional negative load, terror dreams that evoke negative feelings, and by monitoring BOR in neutral or positive exercises bring the BOR into a state of relaxation of brain and body with physical tools.

The Tenth Principle Reveals the truth that according to the state of THD the stored memory is in an open reservoir contaminating data in the working memory center and it requires immediate correction by physical means to drive BOR to reach its resting stage with peace in the body rewarded with pleasant emotion and cognition of well-being and thus called THR state.

The Novel Medical Psychotherapeutic Preventive Crystallizing Principles for Replacing THD With THR. Version 2

Here are 10 established principles by which medical psychotherapists gradually replace the pathological mind with a healthy mind of THR.

The First Principle Begins with the attention vector shifting to neutral or positive ecological and life event scenarios (LES) to block the most restless and invasive thoughts, nightmares and negative feelings of the mind condition to reduce their intensity with further elimination.

The Second Principle Ensures that a medical psychotherapist empowers the patient to avoid discussions with others about the bothersome symptoms and guides him how to distract himself with the mind revolving around daydreaming of flavored meals and drinks bringing the mind to a peaceful state.

The Third Principle Outlines the safe margins on which medical psychotherapists operate in order to avoid repeated discussions about the intensity of symptoms and to train patients to block them rather than stimulate them.

The Fourth Principle Re-Educates medical psychotherapists to avoid repeated discussions of past traumatic experiences that only reinforce the macro biophysical neurophysiological mind with feeding the ANLO and thus sustain the chronic pathway.

The Fifth Principle Pinpoints the need to train patients to actively block any unfavorable factor and all other stressors that aggravate the chronic condition of the mind.

The Sixth Principle Explains the need to use concrete yoga, meditation, holistic medicine factors, digital exercises in mathematics, pleasant songs and other mental factors alike to bring the latter into a serenity state.

The Seventh Principle Directs the patient to achieve assertive media skills that install stress-free social encounters that propel the mind to a state of relaxation.

The Eighth Principle Identifies the conditions affected by hypersensitivity or hyposensitivity of the mind that require correction by stress-free strategies, tools and techniques and thus lead the mind to relaxation.

The Ninth Principle Illuminates the need of the mind to maintain calm around the day cycle and tire the body in the evening to prepare for twilight before going to bed in 4 stages of peaceful night sleep.

The Tenth Principle Reverses the pathways of chronic mental neuronal networks (MNNs) and autonomic neuronal networks (ANNs) that feed the mind with THD and activate persistent stress-free mental sources in the formation of the state of healthy THR

The Novel Medical Psychotherapeutic Protective and Treatment Crystallizing Principles for Replacing THD With THR Establishment

The Starting Point Here is that medical psychotherapy is a macro biophysical neurophysiological controlled method of selecting stress-free placebo-induced sources driving the BOR velocity into rest stage with body's tranquility to reward with biological pleasant emotion and a cognitive well-being. Such psychotherapy uses the best factors of traditional therapeutic intervention and with addition of new factors based on:

1. The Critical Point is to Emphasize the need for re-education of patients whose cause of any mental disorder are micro/macro biophysical neurophysiological impairments of immobile brain that serves as a medium for the mobile computer-analog information flow of the mind.

2. The Turning Point is to Indicate that people who inherit genes that have undergone an abnormal mutation or acquired respond to any ecological and interpersonal interaction with stressful effects.

3. The Main Point is to Evidence that such encounters altered the size, volume, and composition of neuronal ion channels in their neuronal membrane lipid bilayer and thus caused a deviation in the transfer of external information along neuronal webs connectivity that must be repaired by psychotherapeutic means.

4. The Principal Point Confirms that external information in air waves is driven by optical energy, acoustics, fragrances, flavors and touch that strikes on external sensors, absorbs and transmits them in deviated trajectories navigated through ANLO which must be gradually attenuated.

5. **The Cardinal Point is to Shed Light** on the fact that the physical energy that drives external information units in induction produces an excessive or insufficient metabolic energy amount and causes an accelerated or decelerated type of body operating ranges (BOR).
6. **The Basic Point is to Show** that this distortion in neuronal ion channels along sensory routes cause shunts and detours to automatically direct the ionic flow with attached to it external information flow along non-specific pathways of internal communication.
7. **The Key Point is to Prove** that information flow channels in parallel transmit the sensory information units via non-specific pathways of neuronal mental networks (MNN) to non-specific working memory center.
8. **The Chief Point is to Claim** that the flow of processed information in the non-specific working memory center causes incompatible cognitive work and through it conveys incompatible feedback to the outside world.
9. **The Dominant Point is to Reveal** that in a parallel information channel other distorted signals from all tissues and organs in the body transmit them to the non-specific limbic region of the brain where they are re-transmitted as biological negative emotions corresponding to its bouncing or inhibited BOR intensity.
10. **The Essential Point is to Raise** the fact that splitting of abnormal cognitive content along with the negative and inappropriate biological emotion power become two asynchronous sources thus providing the distorted feedback and then arrive at the non-specific memory storage and are automatically controlled by the ANLO.
11. **The Leading Point is to Explain** that the ANLO auto partially or completely blocks the free will abilities of the mind and leaves the individual automatically captured by abnormal navigation in the brain and body of the individual who chronically suffers from a variety of characteristic signs and symptoms of a condition known as a transient homeostatic deregulation (THD).
12. **The Capital Point is to Direct** the patient in training him/her to enlist tools and strategies linked to placebo-induced sources that make up the BORs circadian cycles of the day to bring the body to strong relaxation that aids in partial release of the voluntary control of mental blockage.
13. **The Salient Point is to Confirm** that voluntary control is strengthened through the use of the empathic interpersonal interaction of an assertive state.
14. **The Central Point is to Evoke** non-judgmental communication, full of warmth in social encounters that allows making emotional change without causing external pressure in all life event scenarios (LES).
15. **The Crucial Point is to Encourage** patients to take an active role in changing these strategies and tools and make personal adjustments by personal creativity and thus maintain personal adaptation with neutral and positive sources of stress free in daily use.

16. The Protective Point is to Gradually block the discussions about LES from the distant past because they perform temporary ventilation in place and after a few hours restore and strengthen the BOR navigated by ANLO with symptoms that encourage the chronic state of ups and downs.

17. The Important Point is to Train patients in keeping in mind the need to help develop new strategies and tools that add to the pool of newly acquired coping skills.

18. The Breaking Point is to Bring About a comprehensive approach of blocking stressful personal conflicts with negative emotions that maintain hypersensitive or hyposensitive BOR stages of expression.

19. The Focal Point is on Directing patients to achieve concrete designs for problem-solving that are individually tailored, which should serve as techniques that help resolve most of the internal conflicts.

20. The Prominent Point is to Stabilize daily personal lifestyle by infrastructure of order in meals, drinking, physical activity, moderate mental activity at a personal pace with stress free sources urged to activate his/her attention vector in a neutral and positive LES to achieve body calm which is rewarded with positive biological emotion and conscious cognitive well-being.

21. The Main Point is to Shorten the way in training patients in need of practical means from the beginning of treatment through focused tasks combined with relation attitudinal-oriented strategies to achieve gradual improvement.

22. The Proving Point is to Face that the outside world is unpredictable to man and automatically puts him/her into a sudden internal distress with hyper- or low sensitivity in BOR that requires teaching and practicing the means in order to bring the BOR stage to a transient homeostatic resynchronized (THR) state.

23. The Significant Point is to Direct the constant mental intention that will help mobilize the physical and mental BOR that relies on the attention vector that focuses on neutral or positive ecological and life events scenarios (LES) states that maintain the THR.

24. The Amazing Point is to Emphasize that the potential of THR over time gradually re-forms the abnormal genes that feed the THD with new abilities to re-integrate them into a kind of normal neuronal loop (NNLA) activity.

25. The Strong Point is to Reuse the BOR stages with daily rhythmic protection measures actually produce a positive change in ANLO weakening and its replacement with the beneficial NNLA.

26. The Salient Point is to Reorient medical psychologists and psychotherapists that mental disorders are the product of transient blockages of the mind by automatic brain and body activity that require skillful intervention by recruiting strategies and tools specified at most points on how and in which way to release mental processes.

27. The Advancing Point is to Guide medical psychologists and psychotherapists on the “here and now”

dynamics of immediate ecological exposure and negative LES dilemmas that require the use of strategies and tools for constant BOR weakening in order to stabilize it the brain-body serenity.

28. The Mandatory Point is to Direct the medical psychologists and psychotherapists to guide the patients who have had problematic experiences but to equip them with strategies and tools that will be applied immediately to weaken and eliminate symptomatic manifestation and thus weaken the ANLO activity and achieve an inner calm.

29. The Clarity Point is to Essentially train the medical psychologists and psychotherapists that behind the bouncing of signs and symptoms there are exposures to routine stressors in patients who are unaware of this and instead of blocking them seek out miracle cures or any similar factor that eliminates them.

30. The Ultimate Point is to Train medical psychologists and psychotherapists to treat mental and physical disorders that affect patients in a direct approach by replacing THD with THR in a lasted sustained process.

Conclusion

Psychiatry, medical psychology and psychotherapy join the normal and abnormal mental specialties of the central nervous system which by free choice will navigate mental neuronal networks (MNNs) and motor autonomic neuronal networks (ANNs) driving health by releasing the abnormal mental from automatic captivity in the brain and body.

1. Psychiatric, medical psychologists and psychotherapists specializations have a common healthy background and abnormality.
2. Psychiatry, medical psychology and psychotherapy are based on a uniform expertise that deals with age interpersonal interactions with patients and closely monitor processes, thus directly releasing the attention vector in a voluntary method free from mental blockages by brain and body malfunctions.
3. Psychiatry, medical psychology and psychotherapy fulfill the supreme task of releasing the mental burden and significantly reducing its impact on all physical illnesses in order to stabilize the subjects in a good quality of life.
4. Psychiatry in addition uses the medical psychotherapy, medication, ECT, electrotherapy, alternative and complementary types of intervention to accelerate the internal balance.
5. Medical psychologists and psychotherapists employ a top approach in the conscious aspects using the attention vector of free will to navigate neutral and positive strategies, tools and techniques to drive the body's operating ranges (BOR) to serenity.
6. Psychiatrists, medical psychologists and psychotherapists use the same psychotherapeutic measures, but the former is less experienced while the latter are preferable in their effect on the macro biophysical neurophysiological mechanisms and thus completely avoid employing the 'unconscious psychological defense mechanism' because they are actually used as a conscious means of biological protection.

7. Psychiatrists, medical psychologists and psychotherapists should monitor clinical improvement on the same subjective psychological scale of the triple improvement, which relies on achieving a body relaxation with pleasant biological emotion power and a conscious cognitive well-being.
8. As long as in psychiatric, medical psychological and psychotherapeutic practice there is a lack of a non-invasive electronic biophysical equipment, specialists should subjectively measure progress in calming the inner state or achieving it in those recurring psychological scales.
9. In the meantime, medical, psychological and psychotherapeutic students must be trained in the same preclinical curriculum, although the healthy and unhealthy brain and body have the same common foundations leading to normal or defective mental processes.
10. Future research should use these materialistic factors of the abnormal brain and body to bring the brain, body and mind into synchronized states raised by this personal resilience measured with the appropriate parametric units for subjective and objective electronic means of testing.

Bibliography

1. Naisberg, Y., Avnon, M. & Weizman, A. (1997). Role of lipid-induced changes in plasma membrane in the biophysical shunt theory of psychopathology. *Medical Hypotheses*, 48(4), 277-280.
2. Naisberg, Y. (1999). Neuropsychiatry: Biophysical Aspects of Mind and Mental Operations. *Israel J of Psychiatry.*, 36(1), 45.
3. Naisberg, Y. (1999). *Biophysical psychotherapy for healing the Biophysical Homeostatic Model (BHM) impairment*. In book ed by A. Corczyn. 1st International Congress on Vascular Dementia. Monduzzi Editore, Bologna, Italy, 177-181.
4. Naisberg, Y., Modai, I. & Weizman, A. (2000). Homeostatic biophasal conscious regulation. *Medical Hypotheses*, 55(2), 126-132.
5. Naisberg, Y., Modai, I. & Weizman, A. (2001). Metabolic bioenergy homeostatic disruption : a cause of anorexia nervosa. *Medical Hypotheses*, 56(4), 454-461.
6. Naisberg, Y. (2001). Biophysical vision model and learning paradigms about vision: review. *Medical Hypotheses*, 57(4), 409-418.
7. Naisberg, Y. (2015). Macro Biophysical Physiological Neuropsychiatry. *Brain Disorders & Therapy*, 4(1), 1-7.
8. Naisberg, Y. (2015). Biophysical Mind-Brain Sleep Regulation in Health and Pathology. *J Neurol and Neurobiol.*, 1(2), 1-5.
9. Naisberg, Y. (2018). Macro biophysical Physiological Neuropsychotherapy: Theory and Practice. *J Ment Disord Treat.*, 4(1), 1-12.

10. Naisberg, Y. (2018). Macro biophysical Physiological Distress in Origin of Addiction Prevention. *SF J Neurosci.*, 2, 2.
11. Naisberg, Y. (2018). PTSD: A post-traumatic macro biophysical physiological disorder. *MOJ Tumor Res.*, 1(3), 102-103.
12. Naisberg, Y. (2019). A new look into neurophysiological biophysical efficacy cure of Charles Bonnet Syndrome: Theory and Practice. *MOJ Tumor Res.*, 2(1), 1-4.