

## The Principles of Macro-Biophysical Neurophysiological Intervention (Pombni) Steer Against Alzheimer's and Other Dementia to Improved State

Naisberg Yakov, M. D.

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

**\*Correspondence to:** Dr. Naisberg Yakov, M. D., National Israeli Center for Psychosocial Support of Survivors of the Holocaust and the Second Generation, Netanya Branch, Israel.

### Copyright

© 2019 Dr. Naisberg Yakov, M. D. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Received: 18 October 2019

Published: 25 October 2019

**Keywords:** *Alzheimer's Dementia; Homeostasis; Neuropsychological Dimensions*

### Abstract

#### Background

Subjects with early or late dementia (ELOD) of Alzheimer's and others have a common denominator that leads to functional body, brain and biophysical mind deterioration. All types of drug therapy, as well as psychotherapies, proved to be ineffective in slowing down these processes. The central role of POMBNI is to calm their inseparable bodies, brains and minds in ELOD patients with strategies, tools and techniques based on placebo efficacy. And to guide family members and caregivers to help reduce the intensity, frequency and duration of symptoms and build a better quality of life for them.

#### Method

This study was conducted in a group of 21 ELOD patients undergoing a common case study with a clinical outcome spanning a 7-year period, which includes ages 67 to 93 of both genders. The mini mental state examination (MMSE) and clock drawing test (CDT) were calculated at pre- and

treatment intervals to measure the efficacy of the given method. Three prominent factors simultaneously activated body operational ranges (BOR) with a. abnormal neuronal loop operation (ANLO), b. stressful constellation of antecedent conditions (COAC) and c. EL0D was switched to a chronic transient homeostatic deregulated (THD) state. Scientific power was invested in POMBNI practices with the patient to use his free will to attenuate the ANLO, neutralizing the negative to neutral and positive COAC mode. Then direct training of patients on how to use effective placebo strategies and tools to reverse THD status with transient homeostatic resynchronization (THR).

### Results

The POMBNI rationale of free will directs a person's attention to his or her external environment and life events scenarios (LES) with effective placebo-blocking tools against the formerly negative COAC, thus producing a gradual change in the weakening of the ANLO. The POMBNI allowed to maintain empathic treatment sessions per 30 minutes each. 9 of early onset Alzheimer's dementia patients' scores on MMSE and CDT gradually reside after 6 months of combined drug therapy and POMBNI with further one's per month for a year, two and three to sustain dementia free condition. Thirteen with late onset of Alzheimer's and other dementia achieved superficial THR during 10 to 12 months after starting treatment. Their MMSE and CDT scores are kept to a minimum to confirm the arrest of further deterioration. Two subjects from this subgroup died due to an unrelated dementia factor.

### Conclusion

The given macro biophysical neurophysiological therapy method is entirely design through the dominant mind regulation with favorable placebo effective tools to reach the body tranquility that rewards with pleasant emotions and a sense of cognitive well-being. Hence, the purpose of this article highlights these basic mechanisms that are guided by the free will of the body, brain and biophysical mind to maintain body tranquility which is the core component of preventing the deterioration of the overall organism.

## The Homeostatic Healthy Background

Practitioners need to understand in depth how normal genes involved in normal neuronal loop operation (NNLO) navigate the evolutionary circadian cycles of body, brain and mind's inseparable functions. NNLO only navigates this according to its capacity for neuroplasticity with an accurate resonance function of absorption and providing synchronous internal feedback to external and social COACs. The key point here is that as each practitioner controls in his or her mind how the healthy macro biophysical neurophysiological model works, its insight remains clear on how to navigate THD states with available strategies, tools, techniques, and skills with effective placebo-mediated remedies. The self around the life cycle clock maintains an integrated homeostasis that synchronizes with the degree of adaptation to the physical laws of the Earth's solar system. External physical and social life scenarios (LESs) that cause external biosensors to provide enough metabolic energy to support the translation of external information units into macro biophysical

neurophysiological information, on the one hand. And the vascular macro biophysical neurophysiological movement created by the external loads on the body activates eight BOR stages in each circadian cycle with four nocturnal sleep stages and four awake stages per day, at rest, minimum, medium and maximum effort supporting this ability, however. To prove this healthy model in practice, there are two possibilities, the first by conducting a large international study of years under homeostasis measured by electronic devices and psychological scales in synchrony, and the second version relies on THD states led by the POMBNI method to drive patients into THR status to be identical to healthy conditions like to those described here. Overall, in the High-tech era, it is necessary to adopt a digital computerized regulatory mechanism in the purchase of up-to-date, formal and informal external information units, measured on electronic devices. For this, at every stage of the life cycle, we need to measure the updated knowledge base (KB) that allows for internal and external adjustments to be synchronized towards external feedback. Thus, when talking about the regulation of macro-biophysiological neurophysiological BOR in the inseparable body of brain and mind under homeostasis means that we all understand that these are healthy patterns of the group under study. BOR presents a curve pattern in a synchronous circadian cycle that allows for a differentiated distinction between health and patients described in the article below [1] Willful control of normal conditions predicts a good quality of life, enabling late-night NNLO to turn off voluntary control while automatically turning on nighttime sleep without interacting with external conditions. After completing the night cycles automatically, the night-time regimen is fully inhibit and the alert conscious phase under voluntary control continues to activate the daily part of the circadian cycle where the BOR combines resting stage with a rapid acceleration from minimum, intermediate to maximum loading reaches the upper threshold for the duration of the needs, and then descends rapidly. Again, under the voluntary control to the late evening where the nocturnal NNLO takes over its automatic control under homeostatic frames of reference. By now one can understand that healthy old people have been able to stick to a lifestyle function for proactive roles and continue to work part-time or volunteer. They combine professional and social curiosity, ingenuity, innovation and everything in a productive and self-contributing way. They overlap journeys, enjoy the convenience of family and friends. Here is a critical point to keep in mind, assuming that the patient in chronic distress is recovering, and experiencing a symptom-less and well-successful state, it is worth reminding actual people that she or he has reached the THR condition that must be effectively maintained. The latter could shed new light on the free will ability to utilize THD in preventing and treating patients around circadian cycles with effective use of morning BOR placebo effects for a long 'resting day' well productive state that always provides quiet body to reward with pleasant emotions and cognitive sense of well-being.

## **Abnormal Biophysical Neurophysiological Background**

The cumulative study findings show that all types of dementia occur clinically in certain age-related groups presenting preclinical evidence [2,3]. This figure indicates that Alzheimer's dementia and others contain inherited genes or acquired from abnormal mutations influenced by high prevalence risk factors belonging to the same COAC (preclinical evidence) that were inactive throughout patients' productive lives. A productive lifestyle seems to indicate a person's ability to manage the quality of daily life in a balanced state. If such a condition goes away, when a person gets into early or late onset dementia (ELDO) as a result of stressful life events (SLEs), they produce constant internal distress (CID), which spurs the abnormal genes to connect and conduct an abnormal neuronal loop operation (ANLO).

ANLO automatically bounces the body's operational range (BOR), maximizing its speed. At the same time, ANLO blocked the free will control of attention, concentration, retrieval of recalled material, proper consideration and judgment, while other neuronal network connectivity in the brain was disconnected from this process. All eight stages of BOR rely on micro-biophysical neurophysiological fault pathways that produce a common driving mechanism with incorrect navigation. For practical purposes all together could be called transient homeostatic deregulation (THD) to explain disruptions. This pathology is expressed by two basic points: a. The first creates a micro biophysical neurophysiological defect in information units flow via faulty neuronal electrical pathways (NEPs) reminding electronic wires on the one hand. b. On the other hand, it shows that THD genetic recurrence causes more deterioration in symptom intensity [4]. Direct treatment by POMBNI replaces THD symptoms in gradual regression leading to the elimination at early stages of dementia and attenuates their control of late dementia thus creating a mild transient homeostatic resynchronizing (THR) state leading to a reasonable quality of life.

## Method of Treatment

Patients who complained of concentration, attention, and memory disturbances supported by the Mini Mental State Examination (MMSE) and Clock Drawing Test (CDT) were eligible for early dementia criteria after age 60 and late for age 80 and older. All patients exposed to this concrete treatment had to provide evidence of positive COAC levels relying on the following:

1. Having a regular lifestyle scheduled daily.
2. Be sure to drink at least 1.5 liters during the day
3. Be sure to eat balanced meals at least 3 times a day
4. Engage in regular social activities.
5. Strive for uninterrupted night sleep for at least 5 to 6 hours.
6. Be sure to take a doctor's prescription medication.
7. Hold some ranks to avoid personal exposure to daily sources of stress
8. Pay close attention to the effort put into acquiring tools to bring the body to rest.
9. Maintain strong found incentives, strategies, and skills that help alone or with drugs to replace THD with THR. Collecting cases that practiced tools for long periods included 21 dementia patients, 9 of them with early and 13 with late and treated with the POMBNI method.

## The Fundamental POMBNI Practice

It is extremely important to train the patient to identify major daily problems that cause mental distress. For this reason, the specialist should focus on the attention of patients in avoiding discussions of personal or other discomfort signs because they are bouncing the distressed ANLO. However, it is best to focus their attention on creating a daily gradual process that mainly brings about body relaxation and that enhances the quality of life of the individual according to POMBNI's basic principles [5,6].

The specialist must win patient training with an empathetic and tangible approach like this: 'Hello, I'm glad to see you. What news? How do you keep your calm days from morning to evening? Do you have a refreshing sleep at nightfall? What activities do you participate in and so on? The rationale for such an approach is to direct attention only to external objects, subjects, or life event scenarios (LESs) that feed the inseparable body, brain, and biophysical mind, through effective placebo means described in the following principles.

The first principle deals with patients and their caregivers in practice relevant to the systematic benefit of POMBNI.

The second principle embraces its primary message of replacing THD with any THR throughout the life of patients in daily pro-health quality maintained with effective placebo tools.

The third principle is how the patient should identify THD independently with an internal sense of body tension, negative emotion and cognitive sense of morbidity.

The fourth principle is having a proactive life with drinking, meals, rest, TV, creativity, reading, listening to music, traveling, etc.

The fifth principle focuses on daytime workout that causes body fatigue in the late evening with drowsiness to establish a good night's sleep.

The sixth principle contains the vital need to stop the ongoing grief over past and present losses and proactively expand their new interests to materialize in new social clubs and bonds.

The seventh principle focuses on sharpening awareness to those who are automatically in distress and unresponsive to antidepressants, anxiety and dementia regardless of dosage.

The eighth principle deals with the need to keep patients at minimum to moderate doses and increase their insight that they should maintain a relaxed body with effective placebo.

The ninth principle focuses on the direction that patients with morbidity receive loads of drugs that produce side effects and must be checked by a geriatrists for rebalancing for re-medication.

The tenth principle focuses on identifying stressful life events (SLEs) that aggravate the symptoms of distress in patients and urge them to use new tools equipped to neutralize all personal stressors.

The eleventh principle sharpens the professional awareness of drug-resistance that is as an ongoing SLE that neutralizes drug effects and therefore one must block SLE and then re-evaluate drug orientation if needed.

The twelfth principle focuses on the practice of assertive interpersonal relationships as the basis for the best means of equal interaction under stress-free mutual encounters.

The thirteenth principle created an empathic social support system to protect the patient from loneliness and preserve this essential value in the therapeutic process.

The fourteenth principle emphasizes the vitality of a concrete system that is maintained with patients in need of psychosocial facilities that increase activities in brain exercises, yoga, music classes, minor physical exercises, talks on concrete literature, lectures, etc.

The fifteenth principle focuses on practicing current problem-solving techniques to solve them and to increase their awareness of how helpful it is in discussing with the therapist.

The sixteenth principle raises awareness that, after a family physician's inquiry, most somatic signs such as nausea, dizziness, hot flashes, itching, fatigue, etc. must be treated with POMBNI tools.

The seventeen principle focuses on preventing patients from sharing their bad feelings, invasive thoughts, drug treatment with others, thereby mutually empowering their ANLO that strengthens their distress.

The eighteen principle sharpens patients' and their caregivers' awareness that drug therapy is personally essential in free side-effect doses, and only when integrated as an integral part of the POMBNI treatment process.

## Results

From 6 to 10 months the majority of early onset reached the significant THR condition, whereas for late onset it took about 16 and more months to achieve a THR state. Both categories of patients and caregivers need an ongoing short-term visit for follow-up to sustain THR states because of losses amongst family and friends circles once in a month or once in two months.

## Conclusion

The study shows that Alzheimer's and other dementia patients according to the medical model in which all professionals, caregivers, family members understand the rationale of the therapeutic approach presented by POMBNI. It has a starting point to mark all the many THD morbid conditions that need to be replaced by THR recovery for the experience by subjects with a true tranquility rewarded with a pleasant emotion and a cognitive sense of well-being like healthy conditions. The latter should reflect the improved quality of life of a person who is continuously monitored in an adequate social setting by residing in the most widely accepted concepts of patients and their families. Such a valid model is essential for near-term planning for a basic multicenter intensive study based on annual monitoring of POMBNI preventive intervention with objective (electronic / biochemical) and neuropsychological dimensions (MMSE and CDT) and others that will provide digital metrics to support the development of macro biophysical neurophysiological social facilities supporting patients' under improved quality of life for the welfare of their families.

## Bibliography

1. Naisberg, Y. (2015). Biophysical Mind-Brain Sleep regulation in Health and Pathology. *J Neurol and Neurobiol.*, 1(2).
2. Corrada, M. M., Brookmeyer, R., Paganini-Hill, A., Berlau, D. & Kawas, C. H. (2010). Dementia Incidence Continues to Increase with Age in the oldest Old the 90+ study. *Ann Neurol.*, 67(1), 114-121.

---

Naisberg Yakov, M. D. (2019). The Principles of Macro-Biophysical Neurophysiological Intervention (Pombni) Steer Against Alzheimer's and Other Dementia to Improved State. *CPQ Neurology and Psychology*, 3(1), 01-07.

3. Podcasy, J. L. (2016). Considering sex and gender in Alzheimer disease and other dementias. *Dialogues Clin Neurosci.*, 18(4), 437-446.
4. Shigeo, O. & Ikuroh, O. (2006). Dysfunction of mitochondria and oxidative stress in the pathogenesis of Alzheimer's disease: On defects in the cytochrome c oxidase complex and aldehyde detoxification. *J Alzheimer's Dis.*, 9(2), 155-166.
5. Calkins, M. P. (2018). From Research to Application: Supportive and Therapeutic Environments for People Living with Dementia. *The Gerontologist*, 58(1suppl), S114-S128.
6. Naisberg, Y. (2018). Macro Biophysical Physiological Neuropsychotherapy: Theory and practice. *Journal of Mental Disorders and Treatment*, 4(1), 1-12.