Functional and structural disorders of the nervous system as the principal causes of drug-resistant diseases and cancers, including malignant ones

Conceptual paper

The molecular method in dermovisceral biocybernetic clavitherapy is performed by scheduled stimulation according to the indications of algorithms and a scheduled network of activities with sharp clavuses (lat. Claus= nail). The sharpest toothpicks, shashlik sticks can be applied in dermovisceral processes, in direct dermovisceral connections through dermal receptors, innervated collagen fibres, biologically active points quantified with diagnostic and therapeutic recommendations (eg meridian points of acupuncture, extra-meridian and completely new ones) and afferent nervous fibres. By activating dermovisceral processes in a scheduled manner, we supply blood to neglected cells and tissues, restoring enzymatic and metabolic functions at subcellular level. At the same time we activate afferent nervous fibres, eliciting suitable therapeutic self-regulating reactions of the pituitary gland, thalamus, hypothalamus and thyroid and appropriate centres in the brain as feedback.

I gathered biologically active points from various sources, including from people practising in the countries of their descent. I arranged the points in algorithms with a network of activities and those controlled via the peripheral nervous (afferent) system in the direction of the brain. Next, after assessing blood quality in the first and second pituitary lobes in the brain, the third lobe controls the vegetative functions in the digestive system and the cells and tissues of all endogenous levels. Parallel to that, control occurs depending on the needs induced by emotional ambivalence through endocrine glands of the thalamus, hypothalamus and thyroid responsible for hormonal disorders. Endocrine glands of lower level are activated for regulating the essential physiological functions of a given organ or the morphological structure of endogenous levels strictly specified in negligence (of the dermatome, skin and connective tissue; neurotome, nervous system; myotome, muscles; sclerotome, bones and periosteum). In other words, thanks to peripheral and dermal, dermovisceral stimulating information and by supplying blood to ischaemically neglected cells and tissues, the brain activates genetic code programmes at subcellular level in cell and tissue nuclei at all endogenous levels. In the advanced phase, various disorders occur at the remaining endogenous levels. All the said causes of functional and structural disorders, if there is no distinct path morphologic and histopathology changes, are liquidated as early as after the first 2- or 3-hour clavitherapy procedure. After de-stressing oneself and supplying blood to the brain, clearing the conduction of nervous signals in all the fibres of the peripheral nervous system as well as sufficiently supplying blood to neglected cells and tissues, and also by stimulating action on cryogenic points, the optimum production of endogenous factors and sub molecular controllers is commenced in the restructuring of 7- to 10-day immunological resistance. The described therapeutic process is supported by diverse nutrition and clavitherapy exercises.

CAUTION!!! With the molecular method of biocybernetic therapy, by stimulating in a suitable way ischemic algo tangential blotches with pain hyperesthesia due to the atrophy of the first insulatation layer of myelin we induce the simply immediate aggregation of interferons from local peripheral blood. Next, as a result of the further short-lasting stimulation through the meditational control of interferon’s, neurotransmitters lead the other important lipids, compliments and other like molecular endogenous factors to the full reconstruction of oligodendrocyte cells, structurally forming a myelinic shield. The same sub molecular biocybernetic process occurs in reconstructing the algodystrophy of myelin, where the latency of own nervous potentials is at zero level and specific morphological structures undergo chronic pathologization, entirely resistant to drugs.

If the expected physiological reconstruction of the neglected body is still not obtained, it is essential to perform regulation of thalamus, hypothalamus and thyroid glands through the assessment of the molecular quality of blood to support the quality of the digestive process. The regulative feedback of functions, information transmitted from the brain through the efferent peripheral nervous system, in
the quality of the molecular deficiencies of distal blood supply (nourishing) of neglected cells and tissues coupled with the vegetative assessment of the digestive process. Also acting on cryogenic points, endogenous regulation occurs favouring the reconstruction of blood quality at subcellular level in specific deficiencies of the spectrum of the analysed blood in the pituitary gland in correlation with the DNA (RNA) code programme in the cell nucleus at molecular level of specific endogenous levels to the optimum quality and quantity of 3million of molecular endogenous factors, about 10million neurochemical transmitters and specialized neurotransmitters as well as about 100,000 various sorts of antibodies. Then after 7-10days we have an entirely healthy body with optimum immunological resistance (it does not concern old age). It is worth knowing that clavitherapy can liquidate anaemia, leucopenia, thrombocytopenia not smaller than 20,000 in a cubic millimetre of blood. Also, since the 80s selective antibodies have been liquidating viral hepatitis of the A, B and C types in 7-10days (for inspection I have clinical proofs, results of blood tests before and after a Clavitherapy cure). And what happens when the above-described complex process of self-regulation in positive feedback cannot perform the self-repair of the body in the optimum quality and quantity of molecular endogenous factors and sub molecular controllers for a given body? Then we have an unspecified health dysfunction with decreased immunological resistance of the body to some extent and thus there is susceptibility to the so-called drug-resistant disease. Why an unspecified function? Clinical medicine knows slightly over 300 molecular endogenous factors and generally knows what role they fulfil in the body.

The quantity of explored molecular endogenous factors makes up approximately slightly over 1 per mill of 1 per cent of the knowledge of all molecular endogenous factors. It should not imply that medicine has some similar substitutes in replenishing those endogenous deficiencies. In these 3million molecular endogenous factors there are nearly 100,000 various sorts of selective antibodies for fighting any infections, including contagious ones. Clinical medicine knows about a dozen various sorts of antibodies, chemical antibiotics. It does not mean that it possesses antibodies for treatment similar to natural endogenous ones.

I have a professor in my family, a specialist in biochemistry, who is a typical representative of pharmacology. I asked him a question such as: Why do you permit medications for chronic diseases in an emaciated body where there are 50 various contraindications? There was no unequivocal response. Unfortunately, this is the status of lack of knowledge, appropriate tools and experimental programmes in randomizing tests of new medications in clinical application.

Medicine knows several sorts of neurochemical transmitters, neurotransmitters and, as I have already mentioned, there are about 10million of them in peripheral blood, which with a specific psychotherapy technique can be controlled in application also through the awareness of neuropsychology, e.g. when for the first time we want to jump across a ditch, an obstacle or when we perform an activity controlled by the mind, consciousness. However, a decisive majority of habitual activities in feedback patterns self-regulating themselves automatically in neurophysiologic functions, where in the conduction of nervous signals in nervous fibres between neurons in synapses at contact spots are also regulated with emotional ambivalence and appropriately selected without the participation of consciousness. Frequent hormones also have an indirect impact on the controlled selections of suitable neurochemical transmitters. In the clavitherapy method only transmitters perform biocybernetic functions in regeneration, entirely independently of the mind. For the time being, there is no other knowledge of the subject.

In vegetative processes we also observe the automatically regulated applications of neurotransmitters, e.g. in regeneration or self-healing, healing of wounds etc. In that case, how does clinical medicine attempt to treat disorders in molecular endogenous deficiencies or in an infection, including a contagious one? Clinical medicine introduces in vitro or in an invasive manner a chemical bomb or a steroid one of the third generation with dozens of contraindications, which trigger off a powerful and violent physiological dissonance, a neurophysiologic shock, necessitating even in the body emaciated by disease total endogenous mobility against this pseudo-drug for violent self-defence against the unsuccessful drug. After that, thanks to the total mobility of various molecular endogenous factors, self-healing, self-recovery can occur fairly frequently in the self-defence of the body. But it will not go without side effects whose harmful substances are deposited often and quite long in the form of toxins debilitating, disturbing for some time the defensive self-regulating mechanisms of the body.

Caution! Homeopathy works similarly, which is to activate interceptors in the digestive system but works in micro physiological dissonance without major damage and with the little successful selection of a specific forms lying side waste, including toxic. And what happens when we have demyelinising neuropathy due to ischaemia or disorders in endogenous production, e.g. of several various sorts of interferons as mediators in aggregating lipids, complements and other similar factors in any sort of nervous fibres? In the practice of clinical medicine we then deal with a disease completely resistant to drugs.

A few years ago thanks to applying an electron microscope with electronic adapters, which magnifies a smear of blood up to 3million times? It worked out to precisely count 3million various sorts of molecular endogenous factors produced in cells and tissues in the sub molecular process in the healthy body at all endogenous levels. So far it has not worked out to fully recognize the task-oriented role of the individual sorts of molecular endogenous factors in human health. Work is under way on determining the task-orientation of self-regulating human health condition in connection with the functions fulfilled by individual sorts of molecular endogenous factors. A process to explore the individual sorts of molecular endogenous factors with the present advances of molecular and sub molecular biology, including in biochemistry, will last dozens of years in the semantic quantification of 3million various sorts of molecular endogenous factors. But for now it does not concern the molecular method of biocybernetic clavitherapy in application. Now, with the method of molecular biocybernetic in the application of clavitherapy it is possible as early as today in a very short time in several procedures to reconstruct oligodendrocYTE in losses of eg myelin in the brain and on various sorts of peripheral nervous fibres. The discovery of possibilities of controlling molecular endogenous factors, neurochemical transmitters and neurotransmitters took place in 1988 in the Neurological Clinic of the Clinical Medicine Institute in the Central Clinical Hospital of the Ministry of Interior in Warsaw with the consent of Prof Jacek Ryszard Zochowski, MD, PhD, a cardiologist, the then director of the institute. I could carry out experiments with clavitherapy in neurophysiologic rehabilitation in neurological disorders. - Chance made me take interest in plaques (IR plaque), algo tangential blatches with pain hypersesthesia and algo dystrophic ones on the skin of the head and the whole body in patients suffering from multiple sclerosis, neuropathy, polynepathy found on the head with a diameter of the myelin loss of a plaque compared with a radiologist’s description from MRI clinical tests and over the peripheral nervous fibre from EMG clinical tests, e.g. a tubular nerve with a descended foot, whose dermal texture was similar to parchment owing to ischemia and anaesthesia.
Dermatologists could not specify the origin of those blots on the skin of a person with disorders induced by permanent ischemia, which is characteristic especially in multiple sclerosis. It is worth knowing that those algo tangential and algo dystrophic blots do not only involve SM, since they also occur in other long-lasting ischaemic disorders due to stressful, physical overloads, eg in athletes and other people who work hard physically or in the particularly neglected body. After hard long-lasting physical work every person should for 10-15minutes apply physical relaxation in the form of light gymnastics, eg clavitherapy exercises in the lying position for good congestion, for draining lactic acid, excess nitrogen and other metabolites, products of the metabolic process. Then multiple congestion will cause the good drainage of all toxins, will oxygenate the body and it is the only effective prophylactics in preserving the full fitness of the body in preventing neuropathy and polynuropathy.

After severe stresses and hard work, the human body tends to be heavily polluted as the present degradation of the environment (see more in e-book “Eden of the 21th Century”), induced by ubiquitously applied chemicalization, waste, sewage and an excess of any combustion. Clavitherapy exercises, see the website http://www.klawiterapia.comwww.klawiterapia.com, applied a minimum of twice a day in a room with open windows, excellently elicit multiple congestion of the whole body (draining toxins, supplying blood, nourishing and oxygenating), all distal, even neglected, cells and tissues at various endogenous levels. Described in clavitherapy books with demonstration in the clavitherapy atlas, the line of stimulation with clavuses for psychosomatic disorders, including exercises and diversified nutrition aids maintaining high immunological resistance with proper pH. All this causes the effective reconstruction of immunological resistance within 7-10days.

Medicine has no method of effective blood supply, oxygenation of peripheral neglected cells and tissues of the said endogenous levels. It is worth energizing DNA/RNA programmes in a cell nucleus into life and the optimum endogenous production of molecular factors and sub molecular controllers. The above reasoning indicates that the molecular (dermovisceral) method in biocybernetic clavitherapy is remarkably effective in efficiently liquidating 1100 diseases and enhancing, in a very short time of 7-10days, various dysfunctions described in the books: “Clavitherapy with Demonstration in the Clavitherapy Atlas” as well as “7-10days of Reconstructing Immunological Resistance without Medications”. As we know in neurology there are fairly frequently problems of the nervous disorders of personal potentials and even neuropathy, the complete disablement of the conduction of nervous signals even in autonomous vegetative fibres, which control the vegetative and metabolic functions and the function of the heart. It also concerns the vegetative functions of internal organs and occurs in the above-mentioned various endogenous levels.

Then I had the opportunity to master the molecular art of biocybernetic clavitherapy in aggregating several sorts of personal interferons (mediators) and next, lipids as endogenous factors in place of a myelin loss and other endogenous factors, complements etc in reconstructing the insulation of any nervous fibre in a time of up to 2minutes. It also refers to demyelinating plaques in the brain (with an infection) in multiple sclerosis (MS) in an early phase of the disease. Full demyelisation in the brain is currently possible in a time of 7-10days only with the molecular method in biocybernetic clavitherapy, since pharmacological agents such as a beta interferon are not compatible biocybernetically (they are blind) in communication with neurochemical transmitters and neurotransmitters.

Commonly known causes of the formation of demyelinating focuses (circulating information) in medicine from various sources, including from the Internet are: fresh focuses trickled up with cells, including those in an inflammatory state, among which there are mainly macrophages and T lymphocytes. There are relatively few B lymphocytes, whereas there are no neutrophils (sterile inflammation). With the passing of time, the focus centre undergoes gliosis as is the case for malignant cancers, and do inflammatory cells remain only at its edge? A chronic (active) focus develops then. This focus can persist over many years, enlarging slowly, yet not exceeding a certain restricted size. SM focuses are virtually not repaired (demyelisation), unquote.

The clavitherapy creator’s note: and what happens with demyelising plaques in the brain in the states of full and long-lasting autonomous remission when an SM sufferer has regained full physiological and functional efficiency?

The disease is most likely of autoimmune nature. Yet it does not meet, unlike for instance myasthenia, all the criteria of an autoimmune disease. However, there are explicit premises which permit to recognize it as such. It is claimed that damaging myelin is mediated by T lymphocytes. In the process of research into SM, auto reactive T lymphocytes were isolated, directed against several potential myelins auto antigens among which are:

1. Myelin basic protein, MBO, most frequently causing autoimmunization
2. Proteolipid protein, PLP, found in the largest quantity
3. Myelin oligodendrocyte glycoprotein, MOG
4. Myelin-associated glycoprotein, MAG

T lymphocytes can react to one or several of those proteins. Moreover, it is thought that immunogenic action can be displayed by lipids, as brain nervous tissue consists of them in 70 per cent. Seemingly, auto reactive T lymphocytes are found in all people. In SM sufferers, they are discovered in a considerably larger number, however. Supposedly, the decisive role is played by immune regulation disorders. Enhancement (treatment?) with the molecular method in biocybernetic clavitherapy consists in eliminating an inflammatory state in several days at the edges of demyelising plaques in the brain with own endogenous antibodies, especially lymphocytes with which I also efficaciously liquituated in several days meningitis, shingles, lyme disease bacilli etc. Subsequently, I perform cerebration with clavuses on the skin of the head, precisely over a plaque scanned by MRI. The operation repeated over several days causes very good blood supply. At the same time, I effect the activation of my own endogenous production of several sorts of interferons, which under the influence of stimulation into the demyelising plaque are intercepted by neurotransmitters, selective for interferons, which guide to the place of a myelin loss.

Continued stimulation with the sharp side of calzeto into the demyelising plaque causes aggregated interferons (as mediators) to give information to selective neurotransmitters for lipids, which are brought in to become aggregated to fill plaques in the brain. As it is the case with a complement and other similar endogenous factors, I remind that it pertains to multiple sclerosis in an early phase of the development of the disease, where the plaques measure up to 5-7mm. I have not enhanced larger losses. - See the enclosed very good opinion of the neurologists’ commission appointed by the Polish Medical Association, and also on the above-mentioned website, who in April and May 1999 examined diagnostically a group of patients with diagnosed multiple sclerosis, not walking single-handedly before the procedures and after 6days of clavitherapy procedures.

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A scientific report on the application of clavitherapy in multiple sclerosis was read out by Wiktor Bodnar, MD, PhD, a neurologist at an away plenary session of the Polish Medical Association on 25 May 1999 at the Łańcut Palace. It is definitely easier to liquidate myelin losses on peripheral nervous fibres of the various sorts of nervous fibres. As I mentioned, the method involves stimulation several times with a clavus or a toothpick into algo tangential blotsches with pain hyperesthesia where in several dozen seconds myelin losses of the outer insulation layer of myelin are filled the proper final latency of own nervous potentials is gained. It is like that for neuropathy induced by entire local demyelisation on a nervous fibre, where all signals escape into organic chemistry.

For example, in the neuropathy of a nervous fibre of the pyramidal fibular nerve, where final latency is at zero level, and a patient is unable to perform even the smallest movement with the foot. After two minutes’ stimulation into an algo dystrophic blotch over the entire myelin loss through good blood supply and supplying neurochemical transmitters and simulative aggregation throughout the area of an algo dystrophic blotch after the full reconstruction of myelin (7-10days) we gain normal and permanent motor efficiency of the foot, which can equal be registered by EMG clinical tests. Autonomous vegetative fibres controlling the heart are very thin with up to 3mm in diameter. It is like that for vegetative fibres, which control the physiology of internal organs, where algo tangential or algo dystrophic blotches have a diameter of up to 3mm. Owing to the definitely weaker and slower penetration of own nervous potentials into the vegetative system of the physiology of the organ, myelin is substantially thinner. In these autonomous vegetative fibres, demyelinising disorders occur as well, which debilitate vegetation. There can even be the demyelinsing neuropathy of these fibres. If we add to this mishap the demyelisation of sympathetic and parasympathetic nervous fibres regulating the dynamics of the muscularis of blood vessels, we also have disorders in the blood supply of any internal organ. Some stains on the skin in vegetative disorders must be detected with a mighty magnifying glass.

Caution Other disorders of the nervus conduction of various sorts of nervous fibres, including the autonomous vegetative system can be by triggered by malignant-made cancers: warts, moles, calluses or brown stains on the skin, situated in the proximity of or over a concrete peripheral nervous fibre, over the core or somewhere on the skin of the head. Some malignant-made warts, moles, calluses, brown blotsches, scars can palsy and even paralyse, disabling peripheral nervous fibres, the core, form pathology in the form of gliomas of nervous cells in the responsible centre in the brain.

The earliest state of palsy in the brain can be diagnosed with the Electroencephalography (EEG) methods. An MRI test of very early states of palsy in the brain can be diagnosed with the Electroencephalography (EEG) methods. An MRI test of very early states of palsy in the brain can be diagnosed with the Electroencephalography (EEG) methods. An MRI test of very early states of palsy in the brain can be diagnosed with the Electroencephalography (EEG) methods. An MRI test of very early states of palsy in the brain can be diagnosed with the Electroencephalography (EEG) methods. An MRI test of very early states of palsy in the brain can be diagnosed with the Electroencephalography (EEG) methods. An MRI test of very early states of palsy in the brain can be diagnosed with the Electroencephalography (EEG) methods.
enzymatic and vegetative functions. The same refers to sympathetic and parasympathetic nervous fibres responsible for the blood supply of cells and tissues of individual endogenous levels.

Clavitherapy effectively liquidates ischaemic strokes even from before 2-3 years, haemorrhagic strokes can be efficaciously liquidated but a cure must be received 2-3 days at the latest after haemorrhage occurs, see the enclosed descriptions. It is also possible to liquidate the symptoms of Parkinsonism and epilepsy in a time of 7-10 days, see the enclosed descriptions.

All inflammatory state in the brain and cerebral meanings are liquidated in principle with various sorts of own lymphocytes with good blood supply, fully-fledged blood of “malnourished” cells and tissues. Having been given the suitable nutritive values in the form of molecular endogenous factors and sub molecular controllers, which are activated biocybernetically with simulative aid of diagnostically selected algorithms with a network of activities? In the process of controlling the programme in the cell nucleus for the efficient enzymatic and metabolic function, and also for the purpose of the optimum molecular production of endogenous factors and sub molecular controllers in the radical reconstruction of immunological resistance and holistic regeneration of the dysfunctional human body. When restoring health, it is very helpful to eat rationally and carefully crumble the nourishment with the teeth and saturate it with the first digestive enzyme, that is saliva and clavitherapy exercise. - For more information see the website: http://www.klawiterapia.com, read “A Descriptive and Scientific Substantiation of Clavitherapy” or in clavitherapy books with demonstration in the clavitherapy atlas.

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Conflict of interest
The author declares no conflict of interest.