Opinion

PTSD: A post-traumatic macro biophysical physiological disorder

Abstract

This is the primary cause of the etiology, pathogenesis and clinical symptoms that helped professional to re-orient insight into the simple need to block and restore the stress-distress first and immediately equip the patients with the best *macro biophysical physiological Neuropsychotherapy*, prognosis and prevention of fulfillment. The purpose of the presentation is to bring facts about the process.

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The first step is to recognize that PTSD is a typical medical condition based on predisposed biological mechanisms of either inborne or acquired genetic mutation that created low resilience and oversensitivity to stressful life events. PTSD is an *etiological* physical, social, environmental stress inducing the macro biophysical physiological distress *pathogenesis* of the brain to deregulate amplified body operational ranges (BOR) with *clinical signs* that block voluntary cognitive, emotion and behavior by reliving from afresh previous traumatic experiences that together produce abnormal functioning and lack of quality of life. An essential point here underlines that individual who have been predisposed to oversensitivity to stressful life events fall victims to the acute catastrophic or chronical stressful exposure with such *etiological agents.*[1]

Another chief point here irrevocable claims that during exposure to stressful factors, outer physical information units via air waves impinge upon outer optical, sound, smell, taste and touch receptors to translate them *into_micro biophysical physiological streams* of *pathological* information units that travel across impaired neuronal webs connectivity into working memory. At this critical point a working memory center identifies the source of threat, recruits 'fight or flight' response to protect or to 'freeze' in a no response. In the latter, distressful micro biophysical physiological information units attach to ionic flow continue run, cause physical strain to neuronal membrane ion channels shift their size, configuration or volume to block directional ionic flow and thereby shunt it into non-specific routes.

An extremely important point here is that such pathogenesis with transient blockages and shunts automatically direct information units as the vascular system, make collateral *shunts into non-specialized routes of communication (pathogenesis too)* into non-specialized working memory centers (*pathogenesis too) with incorrect messages to provide a fault brain-mind-body inseparable* feedback. The cognitive induce point here is that the fault feedback deregulate the brain-mind to generate negative emotional self-experience to stimulate the sufferer to restore balance in a sort of body relaxation with enjoyable emotions and a cognitive quality of daily life, either by self-treatment or achieved with the basic professional aid.

The author's essential point here is that the given macro biophysical physiological *Neuropsychotherapy* raises patients' robust awareness that:

a. Anyone who self-experienced the presence of a neuronal transient homeostatic deregulate **(**THD**)** loop's negative activity must replace it, and

b. Directed with professional help drive it into a transient homeostatic resynchronize **(**THR**)** loop of a fresh remission interval.[2]

A main point here is that such macro biophysical physiological distress sharpens personal oversensitivity to any trivial tension overwhelming such subjects at risk requiring from them valid knowledge that beyond their negative sensitivity is a lack of capacity to settle one's life problems, lack of valid interactional and living skills. The basic point here is that preventive THD programs have been preferable over treatment one's by primarily active *shifts of patient's attention focus from morning to evening hours from any given* maladaptive events to reality with stress-free neutral or positive life event scenarios sustaining the THR. Conventional psychotherapy by its classical point here underlines that it encourages patient to 'ventilate' their feelings and problems. The author's groundbreaking point here is that a valid claim to 'ventilate information units' recruit the same neuronal electrical (ionic) pathways that *always sustain THD loop with PTSD pathology and probable may link with cancer.* Instead of upgrading PTSD the *macro biophysical physiological neuro-psychotherapy* maintains the trend of downgrading THD to levels blocking symptoms to replace the inner condition into the reachable THR remission: First of all, a neuro-psychotherapist immediately stops repeated repetition of symptoms investigations in PTSD because the latter often sharpen the symptoms of inner distress, accompanied by negative emotional feelings of body operational ranges (BOR), thus gradually blocking activity in the neural loop.[3]

Second, they sharpen one's awareness of the use of neuropsychological tools with self-control measures in all life-event scenarios under stress-free positive bonds that gradually release fundamental voluntary blockages of cognitive, affective, and behavioral regulation.

Third, it refers to the identification of individual traumatic life

event scenarios to raise oversensitivity with negative feelings and focus on blocking them by acquiring new tools to neutralize blockages under therapy slogan –'easier to prevent than treat'!

Fourth, the principle refers to the treatment of positive connotations of a person's negative behavior in an empathic way to strengthen collaboration in the process of training assertive interpersonal tools in interactions under a broad spectrum with the tools of prevention and means to raise incentives to develop new skills in managing stressful situations and finding solutions to ongoing problems to improve personal abilities.[4,5]

Fifth, sharpens awareness in patients of the self-identification ability of situations in which body operational ranges (BOR) achieved its balanced macro biophysical physiological level finalized by body tranquility with pleasant positive emotions and a good cognitive quality of life.

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Conflict of interest

The author declares no conflict of interest.

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