

MBPNOM Placebo Effect Regulation

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Citation: NaisbergYakov (2016) MBPNOM Placebo Effect Regulation. Neurol Brain Psychiatry 1: 003.

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Abstract

A new macro biophysical physiological neuropsychiatric operational mechanism (MBPNOM) regulating the placebo effect redefines old terms. MBPNOM derives from and links with the usage of compatible social and medico-legal substance –or/and medium-dependent determinants, which efficiently reinstates transitory homeostatic resynchronization (THR) levels instead of impairments in the Body-Brain-Biophysical Mind interplay, providing a biophysical placebo effect (BPE) with subjective tranquility and pleasure. We identify two major categories based on medico-legal sanctioned or prohibited means employing the following subcategorized MBPNOM driving a given transitory homeostatic deregulation (THD) of a relapse into THR remission. Both grounds rely on compatible or incompatible MBPNOM regulating biophysical placebo effects (BPE):

Compatible

1. Medical drugs and substances:
 - a) Diets with monitored nutrition,
 - b) Physiotherapy and massage,
 - c) Monitored biofeedback.
2. Medical medium-Neuro-psychotherapy:
 - a) Hypnosis,
 - b) Desensitization and relaxation.
3. Oriental Medicine:
 - a) Monitored herbs,
 - b) Acupuncture,
 - c) Transcendental meditation,
4. Social medium:
 - a) Heterosexual homeostatic bonds,
 - b) Entertainment, sport, reading,
 - c) TV, radio and computer programs.

Incompatible

- 1a. Self-addicted drugs and alcohol:
 - a1) Self-induced food intake abuse,
 - b1) Self-induced excessive exercises,
 - c1) A variety of self-stimulation.
- 2a. Self-induced mystical search:
 - a1) Self-induced hypnotic trances,
 - b1) Self-addicted lasting relaxation.
- 3a. Special addictions:
 - a1) To self-monitored herbs,
 - b1) Self-mutilation,
 - c1) Long-lasting meditations.
- 4a. Antisocial medium:
 - a1) Sexual deviations,
 - b1) Factitious disorders,
 - c1) Electronic media addiction

MBPNOM placebo effects derive from techniques focusing actively or passively on outer/inner sources to resynchronize deregulated a) outer biosensors, b) central biosensors, c) neuronal webs connectivity or d) all together for homeostatic function. The efficacy of segregated or/and combined MBPNOM placebo effects can be objectively measured by a Multiplex Biophysical Analyzer (MBA) that monitors THR levels.

Keywords: MBPNOM; THD; THR; BPE; CIT; Treatment.

Introduction

It is becoming increasingly clear that complementary to the conventional neuropsychiatric interventions [1, 2] three important factors are also contributing to the improvement of neuropsychiatric disorders: a) placebo effects which subjectively ameliorates malfunctioning and sensations [3,4]. b) Oriental medical strategies [5 – 7] and holistic alternative procedures [8, 9]. Eippert et al.[10] indicate upon activation of the opioidergic control system at placebo effects. Watson et al.[11] defined the 'placebo conditioning' effect, whereas Autret et al. [12] considered that it emerges due to expectancy and repetition and ... a non-specific psychological effect'. Geuter et al.[13] too stated that expectancy generates the placebo treatment effect. Tahmasian et al.[14] found at resting states in Parkinson disease low dopamine rates however at resting states other show neuropsychiatric clinical improvement on cases tested with fMRI investigations[15 - 18].

However, despite their utility, the usage of these factors has been limited in Western Medicine. Two main obstacles are accountable for it: 1) lacking precise theory that may explain the mechanism beyond the placebo and Oriental medical and Holistic effects and 2) lacking Multiplex Biophysical Analyzer (MBA) that may objectively measure precise effects. During the last years, a great deal of attention received fMRI brain imaging techniques in evidencing the placebo effects [19 – 25].

On the one hand, placebo effect indicates changes in the brain relating to the operating mechanism and on the other hand these attributes to biochemical or psychological factors floats some how in advance, so they appear.

Thus, the aim of this article is to eliminate these disadvantages by proposing a:

1. Theory explaining the universal integrated macro biophysical physiological neuropsychiatric operational mechanism (MBPNOM) regulating and producing placebo effects originating by substance- or media-dependent or/and Oriental and Holistic treatment interventions;
2. Working hypothesis for constructing the Multiplex Biophysical Analyzer (MBA) for testing and monitoring placebo and other alike effects.

Homeostatic Basal Requirements

Instead of recognizing certain biochemical components and declaring that, they play a vital role in the mechanisms of the *placebo effect*, it is better having a broad professional vision presenting in sequence of questions-answers, a research method originating a scientific insight in revealing the placebo effect mechanism.

❖ Did human ancient generation use natural substance- and media-related factors to produce a treatment-like placebo effect?

Definitely, they were.

❖ Where are the evidences?

In the Bible, one may find a statement: "A healthy Mind in a healthy Body"

❖ How do wise ancient medically-oriented healers and philosophers came to a such Profound healthy (homeostatic) acknowledgement?

For sure, by carefully cherished target-oriented observations and empirical outcomes, they came to a correct conclusion.

❖ If generational observations truly confirm former vision, then what kind of scientific vision does it evokes?

It seems likely that it originates a rise of a scientific vision claiming that subjects under healthy body conditions gradually cultivate acquiring a healthy mind that, in turn, sustains proper healthy ways of life. In other words, such person socially approaches with adaptive efforts keeping body tranquility and sensing positive emotions, promoting learning processes for gaining basic living skills for adaptation and survival.

❖ May one paraphrase bible's statement: 'In a sick body is a sick Mind?'

One of the most striking pillars rely on a fact, that placebo effects create in a sick body a macro biophysical physiological framework feeding and fostering BOR working levels complying with placebo effect key mechanism's driving it to achieve a resting state.

- ❖ What is the nature of such an evolutionary regulatory mechanism?

The strength of evolutionary circadian cycle's mechanism regulates macro biophysical physiological operations within homeostatic frames of reference. In overall, it prescribes quantal metabolic energy production and usage for 24-hour rhythmic body-brain-biophysical mind synchronic macro biophysical physiological motions of all liquid, biochemical, mineral and so on normalized units in relation to each other, tuning a dynamic turnover due to per event loading in per unit of time.

- ❖ How many kinds of evolutionary regulatory mechanisms exist?

Two evolutionary inherited brain regulatory mechanisms, obeying darkness (inhibition) for nocturnal and lightness (excitation) for diurnal BOR macro biophysical physiological speed-dependent regulation prescribed by sun-earth swinging cycles, sustain all homeostatic operations.

- ❖ Which external or internal regulatory cycles lead contrasting BOR?

With a gradual incoming darkness, current societies conditioned individuals entering sleep cycle due to personal choices, keeping full awareness of the crucial need for a continual sleep within a daily healthy survival. In a dimmed room the main visual, acoustic, scent and tactile biosensors become inhibit, closing off conscious awareness, thereby placing life sustenance on life span genetic automatic homeostatic resynchronizing schedule, regulating speed-dependent sleep stages. During sleep stages, resynchronizing effects take place. At the end of sleep cycles, a BOR stage reaches a superficial sleep gradually turning off the genetic nocturnal and turns on the no-automatic awakening BOR resting stage.

- ❖ "Who" regulates all daytime BOR stages?

Explicitly, attaching to external and internal information commands, drive speed-related four daytime BOR stages. These BOR stages are, at rest, with minimal, moderate and maximal exertions. Close related environments drive through air optical, acoustic or scent physical information waves reflected or emitted from outer objects, subjects or life event scenarios.

After impinging upon outer biosensors their physical information resonates with given outer biosensors surfaces, translating physical energy into equivalent metabolic energy and information units into the same quantity of biophysical information processing via neuronal webs connectivity into cerebral memory centers.

The cardinal point here is that from birth on either parents, caretakers and educational systems, entrain social compatible skills and desired responses to external demands or loading requiring a continual learning process for adaptation.

During or after usage of external means, healthy people learn that the body reacts to certain information in one of three manners: a) having combined sense of tranquility with positive emotions, b) possessing body tension accompanied by a sense of emotional pressure and c) having a third sense that is neutral. Well, under these three basal marks that guide and govern all perceived external kinds of information, are in use in one's armament of tools and means in personal social adaptable interactions. Hence, on the question 'who governs and guides' non-automatic regulation there is a clear true answer. At baseline, any person uses her or his *own intelligent level* of the biophysical mind consisting of complex information, retrieved from memory storage to run in loops via neuronal webs connectivity for executing an adequate response in interactions.

- ❖ Do we have fundamental evidences for above statements?

One indispensable factor states, that two discriminate, but inseparable in function attributes in a unison body-brain-biophysical mind operation exist as relating to the same person. Leibniz's law treats it with a) BOR diurnal speed-related stages level and b) emotional experienced (sensed) intensity level. According to Leibniz law, one could measure BOR speed-related biophysical units' level and an inseparable emotional information flow activity being too biophysical in nature as subjective experiencing strengths, measured with the same dynamic units produced by per event in per unit of time. One should keep in mind that fMRI detect both inseparable biophysical factors, however their regulatory centers require more focused clinical trials for tracing already known synchronic attributes and unknown brain spatial resolution precise quantal discrimination.

- ❖ Can one say that homeostasis provides biochemical, mineral and other units depending on BOR speed-related stages?

Since homeostasis ensures maintaining a balance, it is likely that BOR speed-related stages will mobilize different biochemical, mineral and other units due to dynamic per events in per units of time, prescribing a technologic-like behavior method beyond any synchronic body-brain-biophysical mind operations.

- ❖ Are homeostatic deregulated BOR parameters creating varieties of changes including negative emotion?

Practice proves that all chronical conditions rest on transitory homeostatic deregulation (THD) relapse being in time substituted with transitory homeostatic resynchronizing (THR) remission. It means that during THD relapse BOR biophysical and biochemical parameters change engaging negative emotion strength originating sensations of fear, anxiety, depression or their combinations.

❖ What is the best straightforward approach in replacing THD with THR?

For this to be basic, the best method is in using placebo effect substance- or media-dependent means lacking side effects and capable, in short terms, replace THD relapses with a THR remissions. In such cases, a similar therapeutic mechanism promotes one's awareness of keeping her/his own health with self-control over its sustenance. Apparently, one hopes that the majority of therapists should be aware that about an evolutionary automatic genetic control over *nocturnal regulation* and a non-automatic *diurnal regulation*, with a distinct macro biophysical physiological neuropsychiatric operational mechanism (*MBPNOM*), regulating healthy (homeostatic) body with a healthy biophysical mind.

❖ Why it is critical to know the key mechanism beyond placebo effect operating in both, automatic and non-automatic BOR regulation?

Under basal homeostatic conditions, four speeds related evolutionary nocturnal stages inhibit and four quantified daytime-related BOR stages activate them in accordance with personal needs and external demands. Nocturnal genetic automatic regulation resynchronizes balanced conditions at BOR sleep stages in each cycle to be critical in human survival. As contrasted, diurnal BOR non-automatic regulation fully rests on biophysical mind intelligent level navigation homeostasis after sleep at resting state in tranquility and with emotional pleasure. Further, a person is medically and socially trained to maintain it homeostasis at minimal, moderate and maximal exertion schedules respectively.

Micro - and Macroscopic Biophysical Physiological Determinants for Sustaining Homeostasis

All homeostatic modalities prevent illness. Consequently, these modalities possess appropriate structural entities and self-controlling the MBPNOM to regulate the a) outer and inner biophysical information processing exchange, and b) adequacy of effective responses to support biophysical information processing exchange and life itself. In practice, we determined two referential modalities contributing to the above representations. One of it presents microscopic biophysical properties of neuronal membrane ion channels and operations in contrast to the one describing macroscopic biophysical principles for sustaining homeostasis:

❖ Micro biophysical definition for homeostasis and biophysical physiological information exchange:

- A. All biochemical and mineral units inter-correlate their quantities across to any given organ and system to suit the outer/inner demand and supply principle;
- B. All neuronal membrane ion channels compositions are evolutionary suited for maintaining accorded ion flux propagation through old communication routes and possessing plasticity for novel routes development;
- C. All outer and inner communication events are processed with biophysical mind information imaging stemming from operable ion channels which follow excitations imposed by accorded outer or inner events;
- D. Outer biosensors compose the main organization system to contact the outer environment for biophysical information exchange.
- E. The Working Memory Panel composing of ion channels matrices contain automatic and non-automatic biophysical regulation to meet human's homeostatic needs. Several neurons use functionally integrated ion channels matrices to precisely project outer informative sources in a form of three dimensional geometric configurations covering all likely compositions.
- F. Working memory operations take place across icons of the Working Memory Panel, which ultimately places this biophysical information processing on microscopic genetic templates for storage in given memory reservoirs until their retrieval.
- G. Microscopic homeostatic operations are self-experienced like pleasant sensations positively notifying that the overall microstructure functions well, under a given per event per unit of time;
- H. Positive biophysical information processing is registered in memory storage in its original form and when being retrieved supplies, pleasant experiences to the overall working memory background influencing thereby adequate changes.

Macro Biophysical Definition for Homeostasis and Information Processing Exchange

- a. The overall macroscopic body-brain figure has an inter-related height, width, configuration and composition which contain three dimensional expressions;
- b. Four major structural organizations 1) cells, 2) tissue, 3) organs and 4) systems compose the organismic arrangement containing 24 inter-coordinated elements, such as oxygen, hydrogen, nitrogen, carbon, calcium sodium, potassium and so on;
- c. Seven biological components, such as proteins, nucleic acids, fats, Carbohydrates, bases, acids and salts are quantitatively inter-correlated;

- d. The body's fluid is quantified in relation to other structural tissues and represents a basal determinant for all life maintaining, hydrodynamic operations;
- e. A big skin surface isolate the inner from outer environment for preserving intrinsic steady states;
- f. All these macroscopic representatives supply a needed amount of metabolic bio energy to support biophysical information processing exchange and life itself;
- g. Two segregated inter-coordinated neuronal webs connectivity contain, Mental Neuronal Networks (MNN) for biophysical information processing exchange and Autonomous Neuronal Networks (ANN) to control metabolic bio energy supply for given outer and inner information processing performances;
- h. The brain produces three dimensional biophysical mind imaging operations in relation to all parallel information processing modules offering specialized macro-biophysical spatial resolution;
- i. The macroscopic homeostatic operations are placed within upper and lower thresholds and conscious threshold which differs the diurnal from nocturnal body's operational ranges (BOR);
- j. There is a finite tempo (speed-dependent execution) of BOR for per event in per unit of time to organize 4 nocturnal (sleep levels) and 4 diurnal (rest, minimal, moderate and maximal exertions) BOR stages;
- k. The body-brain paradigm provides the grounds for several macroscopic biophysical parameters emerging from underlying operations for per event in per unit of time.

Thus, the body-brain-biophysical mind interplay contains suited structural and functional elements keeping inter-coordination at all ongoing homeostatic operations regardless of outer and inner loading. Contrary to it, derange states may affect separately or together outer biosensors, central regulatory elements, memory storage elements or/and he essences of BOR causing communication disturbances with body strain or distress and negative emotions deriving from macroscopic physiological deregulation.

Macro Biophysical Physiological Neuropsychiatric Operational Mechanisms (MBPNOM) Guiding and Governing Treatment

MBPNOM is a universal macro biophysical mechanism guiding and feeding all homeostatic operations. The main point here is that majority of neuropsychiatric disorders departure from homeostasis into chronic transitory homeostatic deregulation (THD) relapses with losing MBPNOM defenses.

Practice evidences that with proper mastering MBPNOM regulation it is possible replacing THD relapses with transitory homeostatic resynchronizing (THR) remission. Therefore, any treating technique has a unified framework for all its elements, which should be decomposed into several sequential steps for its performance.

Complementary, each treating technique has its own coordinate system for all succeeded elements that adequately decomposed at implementation.

A pivotal point underlines that functional decomposition means that any substance – or medium –dependent factor that serves to produce the placebo effect must continually decompose into their elementary finer units until accomplishing its performance. The resulting framework for such a treatment technique seems likely to correspond with the architecture and methodology for intelligent control.

Each treating technique possesses the following prerequisites:

- ❖ Special knowledge acquisition for any given task;
- ❖ Extending and integrating this knowledge over time;
- ❖ Knowledge organization for pattern recognition at its enactment.

Tenets of MBPNOM regulations include:

1. A priori data retrieval from memory storage about the predetermined tool for execution and whereby anticipating pre-procedural tranquility with pleasurable biophysical placebo effect (BPE), leading to;
2. The recipients active or passive separate or combined visual, auditory of biophysical mind's imaginary focus over timing on procedural fields at tool application till its completion, eventually fulfilling the post-procedural reliving BPE, leading to;
3. Repeating and expending the content of tool application to a level high enough to obtain a gradually raising post-procedural pleasant BPE, leading to;
4. Facilitating and calibrating post-procedural BPE experiences, leading to;
5. Resynchronization of deranged biosensors within given neuronal webs connectivity loop in the post post-procedural BPE courses declining or eliminating manifested neuropsychiatric symptoms.

Biophysical Placebo Effect (BPE) Reference Model

Let us present a BPE produced with MBPNOM regulation vehicle for problem solutions with certain means exerted through hypnosis, entrained relaxation, self-meditation and acupuncture.

❖ Hypnosis

Hypnosis performance involves using a systematic approach in which the target subject undergoes a passive modulation for creating a medically induced auditory coefficient of capacity (COC), which enacts MBPNOM regulation during a treatment session. MBPNOM maximizes its influence upon the deeply resting state of the subject enabling to resynchronize the pathological neuronal webs connectivity loop and thereby overpowers the non-specific pathological source dependent COC.

The efficacy of medically induced COC depends upon the integral elements, which therapist used in each session.

The common elements for hypnotic techniques are:

1. Professionally selecting the target subject for hypnotic treatment for which the patient is motivated, adhering to positive knowledge from other sources about hypnosis and whereby preliminary building, the initial elements of a prospective pre-hypnotic BPE leading to;
2. Utilizing the 'magic background power' of the hypnotherapist, deriving from the information sources about the hypnotherapist's capacity and reinforced tranquility and pleasant experiences obtained from the structural pre-hypnotic environment, building the additional 2 (second) pre-hypnotic favorable BPE leading to;
3. Target subjects willingly concentrate themselves on separate or combined visual, auditory, olfactory agents to optimize their focus on outer sources, likely to emit alpha rhythm signals, the spectrum of which gradually installs a resting body's operational range (BOR) with *tranquility* leading to;
4. Entering into professionally modulated superficial sleep stages of the BOR enabling arrest of all sensory signals, except for the narrowed auditory stimulation through the experts monotonous voice to keep an organizational buildup of treatment message leading to;
5. Direct registration into memory storage, of the experts original treatment message relying on a resting BOR, which resynchronizes the deranged neuronal webs connectivity loop and thereby associating with all pre-hypnotic links consisting of all pre-hypnotic BEP elements to overpower the pathological COC to be accountable for previous malfunction leading to;
6. Re-awakening the target subject who experiences thereafter the resting BOR under tranquility with pleasant experience from the post-procedural BPE leading to;
7. Lasting post-hypnotic BEP stemming from the presence of a relaxation source which efficiently sustains transitory homeostatic resynchronizing (THR) remission.

❖ **Entrained Relaxation**

The technique implements certain elements adopted from hypnosis.

1. Anticipating an a priori developed pre-relaxation BPE leading to;
2. Actively or and passively focusing on relaxation means to fit into the alpha rhythms that bear the resting BOR state under tranquility, leading to;
3. Monitoring the intensity and extent of the relaxation pleasant BPE experiences over treatment sessions intervals leading to;

4. Sustaining relaxation BPE for active repetitive considerations.

❖ **Self-meditation**

Employs distinct hypnotic elements.

1. Anticipating pre-meditation BPE leading to;
2. Self-selected comfortable proximate environment, lacking outer disturbances leading to;
3. Self-concentrating either on inner organs function or on intrinsic thought resources, which pacify the internal organs and systems and bring them into the resting state of BOR tranquility. Certain individuals may deepen relaxation levels entering into superficial sleep stages leading to;
4. Development of self-regulated temporally sustained post-procedural BPE feelings.

❖ **Acupuncture for peripheral or central pain resolution**

We assume that peripheral no-invasive pain arises from intercellular space changes leading to activation of nociceptors conveying pain messages to the center through pathological high biophysical coefficient of capacity (BCOC) levels, to prescribe building up lastingly sustained a given individual's BOR dominant source of pain. BCOC phenomenon includes all biochemical, mineral units and ion channels configurationally alterations participating in influencing the extracellular spaces, originating the quantifying biophysical coefficient of capacity defining real peripheral pain intensity level. We presume that biophysical information from initial (external or internal) biosensors meet along given neuronal webs connectivity ion channels blockages, whereby shunting original biophysical information flow into non-specialized routes of communication transporting it into cerebral pain center causing the so-called neuro-psychogenic pain.

Post-procedural acupuncture designs replacing the pathological BCOC with a medically controlled course of treatment. The acupuncture introduces real pricks or SHAM pricks which send medically induced tolerable trains of painful signals through real neuronal webs connectivity into pain center. In case of real pricks, they generate an anticipate favorable activation of new parts at pain center to inhibit and overpower the pathological one by the presented high BCOC expressions. In the line with the latter, operate SHAM pricks guided with medically – oriented messages leading to pre-procedural BPE with BOR tranquility and pleasant emotional experience. Additional powerful treating factors arrive through visual and auditory neuronal webs connectivity conveying positive information of the proximate procedural environment and about the empathic assignor of the procedure at all exerted sessions.

The critical point here is that it means that high BCOC from acupuncture become simultaneously linked with BCOC deriving from undergoing visual and visual scenarios. Together they build associative biophysical programs resulting in resynchronizing biosensors which replace negative for positive experiences contributing to the overall BPE.

Let us assume that central induced pain results from shifting non-specialized innocuous Signals arriving to the Working Memory Panel into the central pain icon. The latter like in the case of peripheral pain produces a long-lasting dominant BCOC source sustaining a variety of intolerable pains. Acupuncture procedural sessions use specialize skin zones to be acknowledged of having high curative capacity to install a medically induced BCOC in the tactile sensory items to overpower the pathological BCOC source.

Thus, we postulate that acupuncture may use a triple application manner:

1. Ipsilateral acupuncture application to the skin along the painful distribution;
2. Contralateral acupuncture application in standardized points;
3. Oriental standardized application in linkage with central pain.

We have to underline that it is likely that Oriental acupuncture empirically uses certain skin fields that deliver the procedural signals into parts of the tactile icon that is mostly capable to generate high BCOC expressions, which are easy linked with other powerful medium-dependent means to overcome the pathological pain bearing BCOC.

Multiplex Biophysical Analyzer (MBA)

Several available non-invasive devices gather biophysical information deriving from the thermos-, hydro-, electro- and acoustic-dynamic parameters of the body-brain paradigm. Brain imaging techniques are very expensive for fieldwork. EEG, evoked potentials and polygraph data are insufficient for inter-correlated analyses in respect with body-brain-biophysical mind operations. Thus, a proposed Multiplex Biophysical Analyzer (MBA) should avoid these disadvantages and utilize the optional parameters allowing inter-correlated analyses.

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Why MBA is a critical device for field practice?

Four main general medical practices and, in particular, neuro-psychotherapy as an additional, require objective measurements of the baseline conditions at transitory homeostatic deregulation (THD) relapse intensity level and substituting it with transitory homeostatic resynchronizing (THR) remission level:

1. Biophysical placebo effects (BPE) levels most likely having personalize optimizing coefficient index of therapy (CIT);
2. Neuro-psychosomatic disorders levels expressed under personalize baseline pathology and CIT expressions;
3. Pain disorders relying on personalize baseline pathology and CIT expressions;
4. Hostility and Aggression resting on personalize baseline pathology and CIT expressions;
5. Many other medical comorbidity disorders requiring monitoring chronic conditions based on personalize baseline pathology and CIT expressions;

Conclusion

Biophysical placebo effects (BPE) result from usage of substance- and medium –Dependent agents. The latter comes from Western, Oriental and alternative types of medicine. There are medico-legal compatible and incompatible agents exerting an identical macro biophysical physiological neuropsychiatric operational mechanism (MBPNOM) regulation producing the BPE. This article accentuates the compatible means and mechanisms of action. The incompatible have been described in author's article on addictions. BPE originates from replacing transitory homeostatic deregulation (THD) of any chronic medical condition relapse with transitory homeostatic resynchronizing (THR) operations across neuronal webs connectivity driving the body-brain-biophysical mind into macro physiological tranquility and pleasure experience. Despite that hypnosis, entrained relaxation, self-meditation and acupuncture are different modes of execution, they have some common MBPNOM regulating body's operational ranges (BOR),and eventually driving it into resting state helping to resynchronize deranges neuronal webs connectivity, leading to BPE. The medical disadvantage from BPE methods rely on lacking objective measurements. There is a need for a Multiplex Biophysical Device which can monitor basal information and the treatment process.

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