

The journal of the Alliance of Registered Homeopaths

Homeopathy

in practice

Spring/Summer 2014 £5.95

Mental healthcare

The homeopathic vision

Rix Pyke

Bioregulatory Medicine

Linking to ancient
wisdom

Tatyana Bosh

Trauma

Seeing a way out

Anne Gorham



Bioregulatory Medicine

by Dr Tatyana Bosh MD, MBRCP, MRSPH, FSBM



Dr Tatyana Bosh is the President of the International Society for Bioregulatory Medicine and Medical Director of the British Academy for Bioregulatory Medicine. She practises at the Biomedic Centre in London.

Bioregulatory Medicine is a postmodern form of integrative medicine, which shifts the emphasis from diagnosis and treatment of diseases towards facilitating individual health. Although it further builds on the achievements of evidence-based conventional medicine, Bioregulatory Medicine places medical sciences within the concept of Open Systems Theory and Systems Biology, linking them with traditional medicine and new medical approaches, such as Epigenetics (see also article in *HIP* Autumn 2013) or Psychosomatic medicine. In contrast to conventional medicine and its linear cause-effect therapeutic approach, Bioregulatory Medicine favours a multifactorial approach that correlates with biological open systems (Wiener, 1965; Von Bertalanffy, 1969) to follow an open flow of bio-information within human psycho-physiological networks. Its primary objective is activation or regulation of self-corrective homeostatic mechanisms, within their dynamic interplay known as allostasis (Schulkin, 2004). The bioregulatory therapeutic approach focuses on identifying and counteracting the effect of various disruptors of physiological network systems, (Barabasi, 2011; Calvano, 2005; Del Sol, 2010) such as endocrine disruptors and health risk factors, in order to facilitate patients' inherent ability for self-healing.

Dr Damir Shakambet and I developed Bioregulatory Medicine after working together since 1985 to define an integrated homeostatic system of health-strengthening medicine, capable of prompting self-rectification of the psychological, structural and biochemical errors (Bosh, 2011). Our concept primarily proposes a clinical model of preventative medicine, although its homeostatic therapeutic approach also points towards a promising new direction for curative treatment and, in particular, for treatment of psychosomatic conditions and diseases with multifactorial aetiology.

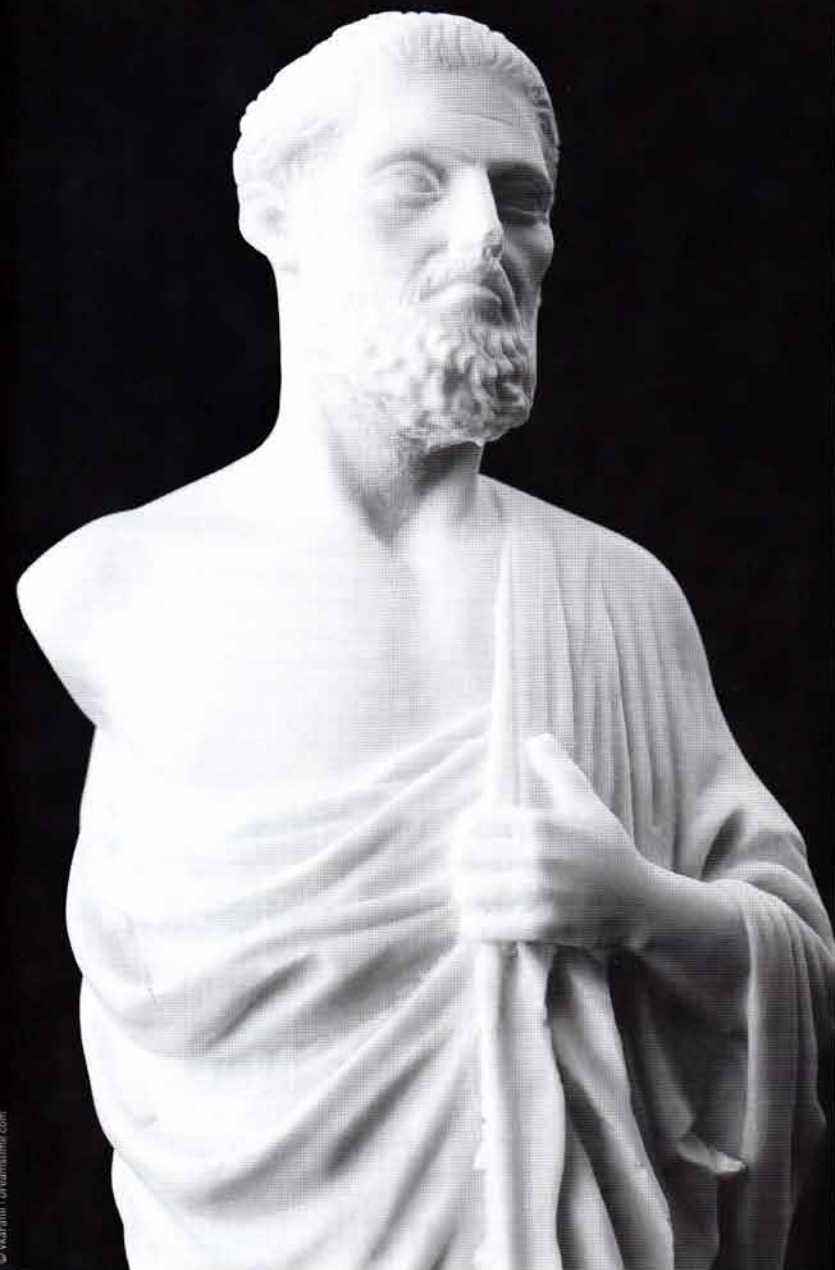
Ancient roots of Bioregulatory Medicine: Empiricism, reductionism and holism

Looking into the roots of empiricism-based contemporary medical

science and an epistemology of empiricism itself helps the understanding of conventional medical practice today and the need for a new medical paradigm. Hippocrates (460 – ca. 370 BC), who is widely considered to be the father of Western medicine, introduced into medicine an empiric methodological stance, characterised by the rejection of all generalisations. His treatise *On Ancient Medicine* is the first attempt in the history of Western medicine to give a detailed account of the development of medical science from a starting point in observation and experience; and it also prompted the question of how philosophy influences medicine and vice versa (Hippocrates, 1989).

Plato (424/3 – 348/7 BC) saw flaws in sensory and causal

processing of reality, and preferred knowledge based on relations and holism, as he stated in *Charmides*: '... for the part can never be well unless the whole is well' (Plato, 1955) – which set the foundation for systems theory thinkers of the 20th century. The essence of holism is perhaps best summarised by Aristotle's (384 BC – 322 BC) statement in *Metaphysics*: 'The whole is more than the sum of its parts' (Aristotle, 1998). Aristotle also proposed the theory of potentiality and actuality that laid down the foundation for empiricism. The term is usually associated with Francis Bacon (1561-1626) and René Descartes (1596-1650), and then with John Locke (1632-1704), and David Hume (1711-1776) who further expanded mechanistic-materialistic views of the human body (Hume, 2012), and set up the path for medical reductionism. Since Descartes' time, medical science was identified almost exclusively by empiricism, and focused to deconstruct complex processes into their component parts to better comprehend and identify specific component malfunctions. In the 18th century a French physician, Julien Offray de la Mattrie, (1709-1751) introduced a 'human machine' approach. In his book *Man a Machine*, Mattrie denied the existence of the soul as an entity separate from matter, ensuring a schism between mind and body and further reductionism in medicine (Mattrie, 2006). As causal thinking became accepted by medical academia as a precondition



Hippocrates is widely regarded as the father of Western medicine

for meeting scientific standards, all other medical approaches not favouring linear thinking in terms of cause and effect, for example relativism, vitalism or holism, remained firmly outside official medical curricula.

Nevertheless, throughout the history of medicine there have been many different medical movements and methodologies fundamentally based on holistic principles of bioregulation. Some of them still survive and continue to exist outside empiricist margins of science. Traditional Chinese Medicine, for example, has used acupuncture for thousands of years to improve the transfer of energy / information for balancing physiological functions (Wayne, 2005). Dr Samuel Hahnemann (1755-1843) put an emphasis on analogies and holism to demonstrate the importance of the

relational way of medical thinking (Hahnemann, 1993). His work helped Constantine Hering (1800-1880) to describe a holistic principle of disease progression and regression, known in medical history as Hering's Law of Cure (Hering, 2010). Dr Rudolph Steiner (1861-1925), the founder of Anthroposophical medicine, is another typical representative of Western medical tradition who did not favour the 'linear science' of empiricism, but preferred to rely on a way of thinking which, in 1967, the physician Edward de Bono termed 'lateral thinking' (de Bono, 1995).

Although empiricism was determined by precision and accuracy, which Newtonian laws proved beyond any doubt, by the early 20th century it was progressively more evident that empirical laws are not flexible enough to be

applied to living systems, as those are governed by adaptive auto-regulatory mechanisms open to multifactorial input (Wiener, 1965; von Bertalanffy, 1969).

Recent history of Bioregulatory Medicine: Homeostatic systems approach

Observing a variety of predictable reactions of living biological systems, prompted Walter Cannon (1871-1945) to introduce in 1932 the concept of homeostasis into the medical world, which was popularised by his book *The Wisdom of the Body* (1932). Cannon developed the concept of homeostasis from the earlier idea of Claude Bernard (1813-1878) described as 'milieu interieur', which Bernard defined in the light of a dynamic and intelligent space capable of self-regulation and adaptation to changing circumstances of life (Bernard, 2003). Further development of the concept of homeostasis, detailing the biofeedback-based nature of self-regulation, attracted the attention of many scientists, who generally agreed that homeostasis represented the essential bioregulatory nature of all living organisms and biological systems. By the mid-20th century, many homeostasis-based scientific theories started flourishing, including the work of Ludvig von Bertalanffy (1901-1972) and Ilya Prigogine (1917-2003). Bertalanffy formulated a general systems theory, explaining system components and their interaction, and coined the terms 'open system' and 'closed system'; he is considered the father of modern Open Systems Theory (von Bertalanffy, 1969). Prigogine wrote about self-organising characteristics of complex biological systems (Prigogine, 1984), while their contemporaries and followers further explained complexity, adaptability and related phenomena, offering detailed explanation of how characteristic of any system is communication and flow of energy or bits of information, and how complex systems are interwoven into larger network systems (von Bertalanffy, 1969; Prigogine, 1984). Even Norbert Wiener's (1894-1964) theory of Cybernetics arose as a result of observing homeostasis of living systems, where he described a universal self-regulating principle of homeostasis in living systems as the



➤ perfect example of an open system's feedback (Wiener, 1965).

The rise of relational rather than conventional linear thinking within the 20th century scientific community began to shake the empiric foundations of the established allopathic medical doctrine and its reductionist approach, pointing towards a need for development of a new paradigm in medicine. This need was further prompted by other feedback-based sciences and theories; for example Hans Selye's (1907-1982) General Adaptation Syndrome (Selye, 1984), Epigenetics and, in particular, by the development of Systems Biology. Together with explanation of multiple systems interactions, allostasis (Schulkin, 2004), gene silencing and other achievements of modern sciences, they opened vistas for approaching a disease as an individualistic algorithm of multifactorial aetiology, providing a scientific platform for the rise of Bioregulatory Medicine.

Importance of approaching biological terrain

Facing the problem of long-term effects of toxic accumulation in cells and tissues and cumulative impact of multiple chemicals on human health (Carson, 2002) prompted search for medical ways of detoxification and rejuvenation of the human body (Rogers, 2002). The proponents of those medical interventions argued that health is primarily determined by the quality of one's internal environment, frequently referred to as the biological terrain. When Claude Bernard first introduced the term 'milieu interieur', he was referring mainly to intercellular spaces (Bernard, 2003). As it later became known as the intercellular matrix, living matrix or the biological terrain, the meaning also started to change.

Since the 19th century, heated medical debates continued between advocates of a terrain theory of diseases, summarised by Bernard's statement: 'Micro-organisms only become pathogenic when the host's inner environment has become unhealthy' (2003); and those favouring a germ theory of diseases, believing that germs can only be picked up as a result of air contamination or through direct body contact. Although the germ theory was popularised by Louis Pasteur (1822-1895), shortly before his

death Pasteur conceded to Bernard in his statement: 'La bactérie n'est rien. C'est le terrain qui fait tout' ('The bacteria is insignificant: the terrain is all important'). Even Rudolf Virchow (1821-1902), the father of modern pathology, stated that:

If I could live my life all over again, I would devote it to proving that germs seek their natural habitat – diseased tissue. That is to say germs are attracted to diseased tissue rather than being the primary cause of it. For example, mosquitoes seek the stagnant water, but do not cause the pool to become stagnant. (Virchow, 1971)

Terrain advocates believe that the excessive increase of environmental toxicity disturbs natural homeostatic regulation (Gerson, 1958); when intercellular spaces may no longer swiftly pass nutrients, bioactive molecules and neural impulses to and from cells. They argue that cumulative toxicity disturbs ionic currents and the concentration of electrolytes inside and outside of the cells – prompting tissue acidification, proliferation of pathological microorganisms and lack of cellular oxygenation, leading towards cellular pathological changes (Carson, 2002; Rogers, 2002; Gerson, 1958).

Biological terrain as a psychosomatic continuum

Exploration of toxic effects of a variety of health disruptors, including electromagnetic smog, chemical pollution, endocrine disruptors, muscular armouring or prolonged psychological stress in precipitating pathological changes of the matrix, prompted a worldwide alternative search for possibilities of medically guided methods for detoxification and regeneration of the biological terrain (Rogers, 2002). A medical doctor and Nobel laureate Otto Heinrich Warburg (1883-1970) emphasised the importance of cellular oxygenation and pH status of the internal environment in both prevention and development of malignant diseases. Dr Max Gerson's (1881-1959) research illustrated how detoxification and regeneration of the liver may lead towards optimisation of health (Gerson, 1958), while Dr Hans-Heinrich Reckeweg's (1905-1985) work focused on homeopathic detoxifying and regenerative therapeutic measures, describing any

disease evolution as a process of progressive homotoxicosis (Reckeweg, 2002).

Following the work of Warburg, Gerson, Reckeweg and other medical pioneers who attempted to support natural functions of the biological terrain, their successors further expanded terrain-based medical approaches to integrate contemporary sciences, such as: Psychoneuroimmunology, Systems Biology, Nutritional Therapy or Environmental medicine (no author, 2006).

Since Dr Sigmund Freud's (1856-1939) concept of Psychoanalysis, various other psychological approaches emerged including Analytical Psychology of Dr Carl Gustav Jung (1875-1961),

Throughout the history of medicine there have been many different medical movements and methodologies fundamentally based on holistic principles of bioregulation

Dr Wilhelm Reich's (1897-1957) Vegetotherapy, Self Psychology of Dr Heinz Kohut (1913-1981), Cognitive therapy of Dr Aaron Temkin Beck (b. 1921), Indirect Hypnosis of Dr Milton H Erickson (1901-1980), Arnold Mindel's (b. 1940) Process-oriented psychology and so on; as well as a variety of Energy Psychotherapy such as Behavioural Kinesiology, Thought Field Therapy (TFT) or Emotional Freedom Technique (EFT). All these therapeutic approaches point towards the same direction, confirming that psychological and energetic routes may also be therapeutically utilised for regulation of living tissue.

Another group of medical pioneers including Drs Andrew Still (1828-1917), Daniel David Palmer (1845-1913) and Alexander Lowen (1910-2008), as well as their followers, explored possibilities of using a structural approach to support the biological terrain, by means of regulating musculo-connective and skeletal restrictions of the body (Reich, 1989).

In addition to those physiological, nutritional, psychological, energetic and structural approaches for regulation of living tissue, Bioregulatory Medicine introduced additional psychosomatic and meta-systemic approaches to regulate the biological terrain (Bosh, 2011).

Integration in medicine

The advancement of computer technology and expansion of a non-linear and relational way of thinking within the 20th century scientific community led to rapid integration of different sciences, for example medical approaches and methodologies, which resulted in the growing need for a new medical paradigm. This has been particularly evident since the 1980s, and is manifested by a worldwide trend towards developing holistic and integrated medical centres. Although many of those attempts ended up promoting individual therapies, therapists, products, companies, or campaigns sponsored by high profile individuals coloured by political, economic or financial agendas, some seem to have a strong scientific gravitas. Functional medicine, for example, puts an emphasis on supplementation and nutritional bioregulation (no author, 2006); while Reckeweg's concept of homotoxicology favoured homeopathic bioregulation – the concept nowadays promoted by the German homeopathic corporation Heel. Others who advocated bioregulation mainly from the psychological, psychosomatic or structural aspects were less popularised, possibly because they were lacking commercial viability – yet all greatly contributed to establishing firm foundations for the development of Bioregulatory Medicine, as a meta-systemic homeostatic approach for psychophysical regulation of the biological terrain.

In the mid-1980s, Dr Shakambet and I recognised that both

preventative and curative medicine needed to be updated by a homeostasis-oriented treatment approach, capable of regulating human systems networks. We have explored patterns of correlations between psychological, physiological and environmental conditions and circumstances of our patients, with the intention of establishing an interdisciplinary homeostatic medical model of a systemic nature. By the mid-1990s, we had postulated a bioregulatory system of health care which integrated psychotherapeutic, psychosomatic, structural, postural, bioenergetic, nutritional, homeopathic and herbal medicine along a unified medical ethos that focuses on supporting one's inherent self-regulatory or homeostatic mechanisms. For pragmatic reasons we first used the abbreviated name *Biomedic*, but in 2005 changed it to Bioregulatory Health System or Bioregulatory Medicine to better reflect its interdisciplinary, homeostatic and meta-systemic nature. Bioregulatory Medicine also introduces a concept of extended aetiology (no author, 2007), which places the origin of diseases further into quantum, bioresonant and psychosomatic phenomena (Bosh, 2011).

Increased incidence of degenerative conditions prompted the World Health Organization to take into greater account homeostatic capacities of the body and the achievements of systems biology. Their decennial publication providing standards of diagnostics and classification of all diseases, known as the *International Classification of Diseases*, was already delayed for the ICD-10, 1989 edition, when collaborating centres for Classification of Diseases were called to come up with an alternative Classification of Diseases to take more into consideration the importance of autoregulatory capacities, physiological networks parameters and systems interaction in pathogenesis of diseases. Early indications suggest that the edition being prepared for 2015 (ICD-11) and any following editions may no longer be based on current ICD criteria.

Bioregulatory Medicine as a biological systems therapy

Bioregulatory systems-oriented medical treatment is principally based on regulation of the flow of



© Georgiote Kallidas | Dreamstime.com

David Hume further expanded mechanistic-materialistic views of the human body

information between human biological systems and the external environment (Bosh, 2011). Bioregulatory medical treatment is based on taking a detailed conventional medical history, in addition to psychological evaluation, structural assessment, and analysis of nutritional deficiencies, toxicities and patients' autoregulatory capacities. The essential part of the assessment is an identification of factors of health disruption specific for each patient, such as postural, structural, psychological, nutritional or environmental risk factors where the treatment is devised to therapeutically counteract their homeotoxic impact. The treatment is a therapeutic process that aims to rehydrate, re-mineralise, detoxify, reenergise, restore a patient's specific structural resistances and postural misalignments, and provide psychotherapeutic support and guidance necessary for resolutions of inner conflicts and for personal development (Bosh, 2011).

Bioregulatory Medicine avoids therapeutic over-emphasis on techno-pharmacology believing that it divides physicians from their patients and replaces human communication with technical jargon. Instead, the accent is on the quality of therapeutic rapport that empowers patients towards quality of self-care, as it is considered to be a foundation of health-economics. The emphasis on psychotherapeutic >

▷ patient management also aims to harness the potential of positive perception that may initiate healing (Benedetti et al, 2011; Miller et al, 2009). Therapeutic alteration of a patient's faulty habitual psychological framework is associated with enhanced function of neural and informational pathways and networks, and consequent improvement of signal transduction, pointing towards the importance of 'psychological hygiene' for maintenance of health. Our experience from bioregulatory clinical practice suggests that the healing power of positive perception and the placebo effect is considerably increased when therapeutically enhanced, compared to their relatively accidental manifestations and poor utilisation within a mechanistic model of contemporary medicine (Benedetti et al, 2011; Miller et al, 2009).

We use integrated bioregulatory psychosomatic bodywork for assessment and manual regulation of general somatic resistances,

including: skeletal misalignments, restricted mobility of joints, muscular spasms (for example muscular hypertonicity, neural entrapments, fascial restrictions, spasms of visceral organs or stagnation of fluid systems, e.g. lymphatic drainage). Bioregulatory Medicine also integrates the teaching of Dr Wilhelm Reich and his followers, who believed that structural resistances are the somatic equivalent of unprocessed traumatic experiences. According to Reich: '... a negative attitude toward life acquires a pleasure anxiety, which is physiologically anchored in chronic muscular spasm ...' (1989); hence, psychosomatic bodywork is also used to initiate and support psychotherapeutic resolutions of unprocessed conflict and traumas.

The nutritional aspect of bioregulation is primarily based on health education and specific dietary guidance. There are already many scientifically justified facts on how nutritional deficiencies impair the homeostatic equilibrium, and on

how free radicals cause cellular damage that help devising supplementation protocols (no author, 2006), where evaluation of nutritional deficiencies, environmental toxicities and oxidation state are based on clinical assessment and laboratory analyses in addition to bioresonance screening. In cases where regeneration of intestinal mucosa and gut associated lymphatic tissue (GALT) turns out to be an appropriate therapeutic approach, we may also recommend a bioregulatory protocol combining probiotics, prebiotics, and symbiotics, to help re-colonisation of disturbed microbiome (Kirkman and Cedgar, 2002), in conjunction with a hypoallergenic organic diet and intestinal cleansing (Jensen, 1984). We may also add specific naturopathic, homeopathic or herbal preparations for digestive bioregulation, as well as digestive system specific bioenergetic, psychosomatic and structural therapeutic measures, for example colonic irrigation (Jensen, 1984), lymphatic drainage



The College of Practical Homeopathy (UK) Ltd

Training homeopaths for the 21st century

CPH has successfully obtained BAC Accreditation for our Online, Distance and Blended Learning courses - the first & only homeopathic college to get this nationally recognised accreditation. We offer three unique flexible learning courses:

- 1) Our post-graduate online course provides the most cost and time effective, accredited training programme available for qualified health practitioners wishing to add homeopathy to their existing skills base. It is also suitable for qualified homeopaths who want to extend their homeopathic knowledge and skills, regain their enthusiasm and motivation, and expand their practice. This practical course counts towards CPD requirements and is a tax deductible expense
- 2) Our new short Health Factor Course is an ideal introduction to health & healing for anyone interested in improving their own health from a practical perspective and for those interested in exploring a new career in the complementary health sector
- 3) Our Professional Training for Homeopaths (2-3 years) encourages you to become a homeopath from day one, allows you to gain experience of homeopathy in real life, not just academia, and is the most affordable training available. You study when it's convenient to you and there are online forums to share ideas with fellow students

'An excellent college which I recommend highly to any aspiring homeopath. The course is the only independently accredited one in the country, thus maintaining high standards throughout'. PG Graduate

If you are interested in finding out more contact us on:

Email: admin@collegeofpracticalhomeopathy.com for an application form.

Visit: www.collegeofpracticalhomeopathy.com

Call: Tessa on 0208 445 6123 for further information on all our courses



of cisterna chyli, manual facilitation of peristaltic movements, liberation of entrapped vagus nerve or processing suppressed emotions and limiting beliefs (Keleman, 1989).

Although Bioregulatory Medicine relies on modern diagnostic and therapeutic achievements, bioregulatory prescriptions are frequently based on homeopathically prepared medicines or homeotherapeutics (Shakambet, 2007). These are single homeopathic preparations or combinations of traditional homeopathic remedies and homeopathically prepared immunological preparations, such as micronutrients, hormones or cytokines (Selye, 1984; Carson, 2002; Rogers, 2002), which are produced by increasing numbers of laboratories worldwide (such as *New Vistas* from Ireland, *Guna* from Italy or *Heel* from Germany) and classified in the British Homeopathic Formulary (Shakambet, 2007).

While our patients simply describe Bioregulatory Medicine as 'a human equivalent to an MOT', I firmly believe that Bioregulatory Medicine represents contemporary biological systems therapy and, as such, should be considered as an entirely new medical paradigm.

International Society for Bioregulatory Medicine

Dr Shakambet and I established the Biomedic Centre in London in 1995, as the first clinical and educational institution for Bioregulatory Medicine. We also founded the registered medical educational charity Biomedic Foundation, for furthering the development of Bioregulatory Medicine. The charity now runs the British Academy for Bioregulatory Medicine and the International Society for Bioregulatory Medicine, providing education in Bioregulatory Medicine for doctors, CAM therapists and other health care providers in the UK and abroad. The courses are accredited by the Institute for Complementary and Naturopathic Medicine (ICNM), and they attract CPD points. The Biomedic Foundation is currently also initiating several other projects for social welfare, such as the Vibrant Health Project, which aims to introduce Bioregulatory Preventative Medicine to British nurseries, schools and nursing homes.

Glossary:

Bioregulatory Medicine

Allostasis: maintaining stability through change; a fundamental process through which organisms actively adjust to both predictable and unpredictable events. (<http://en.wikipedia.org/wiki/Allostasis>)

Anthroposophical medicine: (Anthropos = human being; Sophia = wisdom) form of complementary medicine developed by Rudolf Steiner that views the entire human being. (<http://www.steinerhealth.org>)

Biofeedback: information channels which inform the organism of the state of homeostasis. (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2378404/>)

Also: treatment technique in which people are trained to improve their health by using signals from their own bodies; often used to help patients cope with pain. (<http://psychotherapy.com>)

Cisterna chyli: dilated sac at the lower end of the thoracic duct into which lymph from the intestinal trunk and two lumbar lymphatic trunks flow; acts as a conduit for the lipid products of digestion. (http://en.wikipedia.org/wiki/Cisterna_chyli)

Cybernetics, theory of: the scientific study of how people, animals, and machines control and communicate information. (<http://www.merriam-webster.com/dictionary/cybernetics>)

Cytokines: cell signalling molecules that aid cell-to-cell communication in immune responses and stimulate the movement of cells towards sites of inflammation, infection and trauma. (<http://www.news-medical.net/health/What-are-Cytokines.aspx>)

Emotional Freedom Technique (EFT): several of the major acupuncture points on the body are stimulated by tapping on them with the fingertips while

talk therapy, similar to counselling, takes place. EFT changes how people feel about something. (<http://www.eft-guide.com/eft-tapping.html>)

Empiricism: the doctrine that all knowledge is derived from sense experience. (dictionary.reference.com)

Endocrine disruptors: chemicals that may interfere with the body's endocrine system and produce adverse developmental, reproductive, neurological, and immune effects in both humans and wildlife. (<http://www.niehs.nih.gov>)

Energy psychotherapy: name for a broad range of psychological treatments that utilise the human energy system. (<http://www.sarahchanaradcliffe.com/energy-psychology/>)

Epigenetics: the search to understand and / or modify the processes that activate inheritable changes in gene expression, without directly affecting the DNA. (Whitney J, 'Inheritance, new miasms and epigenetics' *HIP* Autumn 2013)

Epistemology: The branch of philosophy that studies the nature of knowledge, its presuppositions and foundations, and its extent and validity. (www.thefreedictionary.com)

Fascial restrictions: toughened and hardened connective tissue as a result of poor posture, inflammation or chronic emotional stress. (<http://www.manhattanmfr.com/content/what-fascial-restriction>)

Functional medicine: addresses the underlying causes of disease, using a systems-oriented approach and engaging both patient and practitioner in a therapeutic partnership. (<http://www.functionalmedicine.org>)

➤ Glossary cont'd:

Gene silencing: any process in which RNA molecules inactivate expression of target genes. (<http://www.ebi.ac.uk>)

General adaptation syndrome (GAS): the manifestations of stress in the whole body, as they develop in time. GAS evolves in three distinct stages: alarm reaction, stage of resistance, stage of exhaustion. (Selye H, 1984, p466)

Holism: the theory that parts of a whole are in intimate interconnection, such that they cannot exist independently of the whole, or cannot be understood without reference to the whole, which is thus regarded as greater than the sum of its parts. (<http://www.oxforddictionaries.com>)

Homeostasis: the ability of the body or a cell to seek and maintain a condition of equilibrium or stability within its internal environment when dealing with external changes. (<http://www.biology-online.org/dictionary/Homeostasis>)

Homotoxicosis: the concept of a disease evolution in Homotoxicology, described by Dr Reckeweg, which defines any disease formation as progressive accumulation of toxicity in the human body. (<http://www.iah-online.com/cms/docs/doc26605.pdf>)

Indirect hypnosis: the production of hypnosis without the subject's awareness. (<http://www.netplaces.com/self-hypnosis/hypnosis-glossary/>)

Microbiome: the ecological community of commensal, symbiotic, and pathogenic microorganisms that literally share our body space. (Joshua Lederberg) (<http://en.wikipedia.org/wiki/Microbiome>)

Newtonian laws: Newton's laws of motion are three physical laws that together laid the foundation for classical mechanics. They describe the relationship between a body and the forces acting upon

it, and its motion in response to said forces. (http://en.wikipedia.org/wiki/Newton%27s_laws_of_motion)

Open Systems theory: modern systems-based changed management theory designed to create healthy, innovative and resilient organisations and communities in today's fast changing and unpredictable environments. (<http://www.opensystemstheory.org/>)

Oxidation state: often called the oxidation number, it is an indicator of the degree of oxidation of an atom in a chemical compound. (http://en.wikipedia.org/wiki/Oxidation_state)

Prebiotics: non-digestible food ingredients that promote the growth of beneficial microorganisms in the intestines. (<http://www.oxforddictionaries.com/definition/english/prebiotic>)

Probiotics: live microorganisms which, when administered in adequate amounts, confer a health benefit on the host. (WHO 2001) (<http://en.wikipedia.org/wiki/Probiotic>)

Process-oriented psychology: also known as Process Work; refers to a body of theory and practice developed by Arnold Mindell and his colleagues that encompasses a broad range of psychotherapeutic, personal growth, and group process applications. (http://en.wikipedia.org/wiki/Process_oriented_psychology)

Psychoneuroimmunology: the study of the interaction between psychological processes and the nervous and immune systems of the human body. (<http://en.wikipedia.org/wiki/Psychoneuroimmunology>)

Psychosomatic medicine: an interdisciplinary medical field studying the relationships of social, psychological, and behavioural factors on bodily processes and quality of life on the physical body of humans and animals.

(http://en.wikipedia.org/wiki/Psychosomatic_medicine)

Quantum phenomena: phenomena related to matter and energy interchange. (https://www.pa.msu.edu/courses/2000fall/PHY232/lectures/quantum/quantum_def.html)

Relativism: the belief that different things are true, right, etc., for different people or at different times. (<http://www.merriam-webster.com>)

Symbiotics: the living together of unlike organisms; also colloquial term for nutritional supplements that are a combination of probiotics and prebiotics. (<http://en.wikipedia.org/wiki/Symbiosis>)

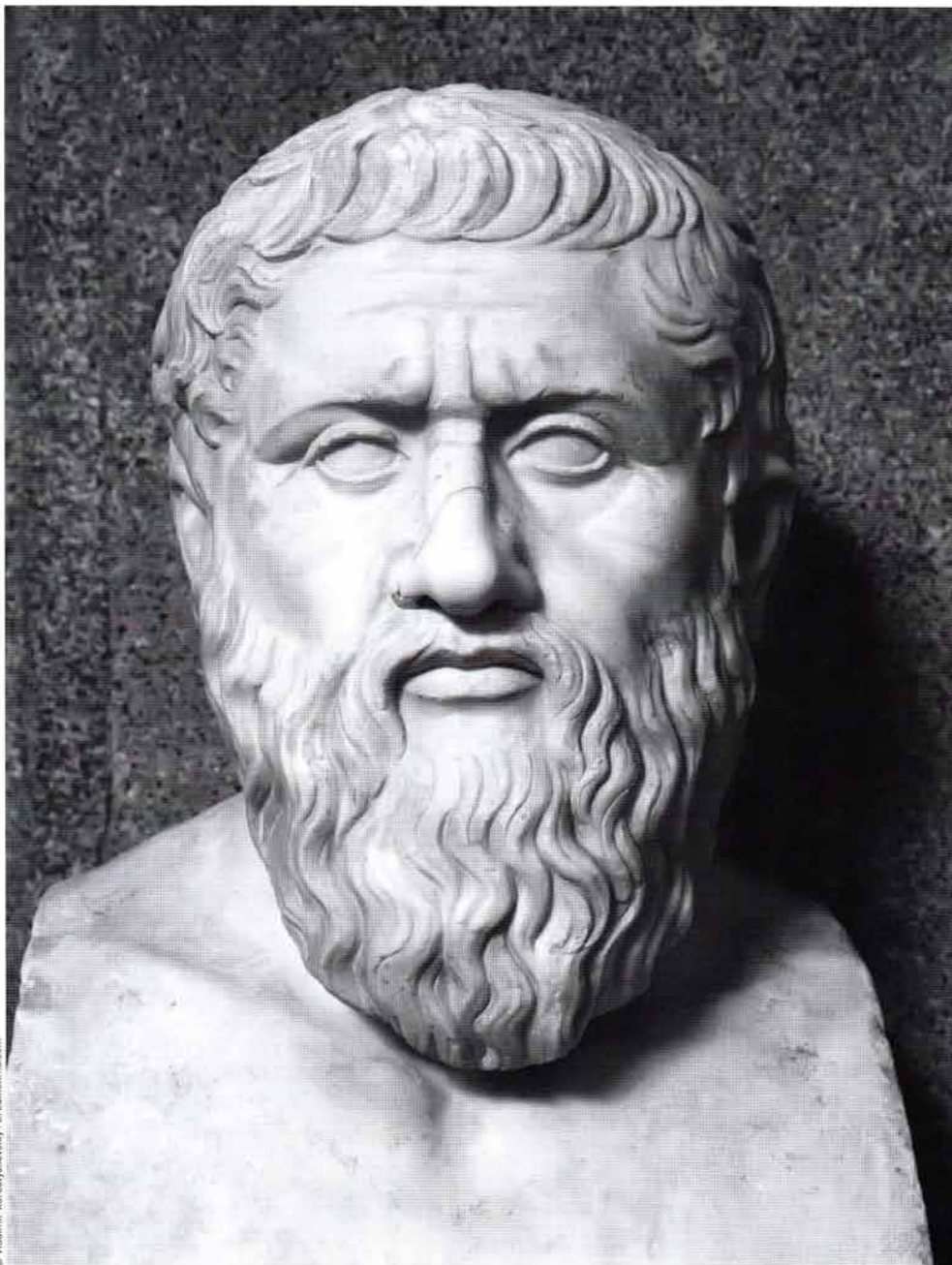
Systems biology: a holistic rather than reductionist approach to understanding and controlling biological complexity that uses a collaborative, cross-disciplinary approach and integrates many multi-scale types of biological information. (www.systemsbiology.org)

Systems theory: the transdisciplinary study of the abstract organisation of phenomena, independent of their substance, type, or spatial or temporal scale of existence. (<http://pespmc1.vub.ac.be>)

Thought Field Therapy (TFT): Natural, drug-free, non-invasive system to eliminate the root cause of negative emotions (developed by American psychologist Roger Callahan). (<http://www.nlplearning.co.uk/index.php/tft-thought-field-therapy-practitioner-level-training>)

Vegetotherapy: form of Reichian psychotherapy involving bodywork that liberates suppressed emotions. (<http://en.wikipedia.org/wiki/Vegetotherapy>)

Vitalism: doctrine that the processes of life are not explicable by the laws of physics and chemistry alone and that life is in some part self-determining. (<http://www.merriam-webster.com>)



For more information on Bio-regulatory Medicine Dr Tatyana Bosh can be contacted at tatyana@biomedic.co.uk.

REFERENCES

Aristotle (1998) *The Metaphysics*. Penguin Classics
 Barabasi A et al (2011) 'Network Based approach to Human Disease'. *Nat Rev Genet*, 12(1): 56-68
 Benedetti F, Carlino E, Pollo A (2011) 'How placebos change the patient's brain' *Neuropsychopharmacology*; 36:339-54
 Bernard C (2003) *An Introduction to the Study of Experimental Medicine*. Dover Publications Inc.

Bosh T (2011) 'Bioregulatory Medicine: New Medical Paradigm' *Townsend Letter*, January 2011
 Calvano SE et al (2005) 'A Network Based Analysis of Systemic Inflammation in Humans' *Nature*, 437:1032
 Cannon WB (1932) *The Wisdom of the Body*. WW Norton & Company Inc.
 Carson R (2002) *A Silent Spring*. Houghton Mifflin Company
 de Bono E (1995) *Parallel Thinking*. Penguin Books Ltd
 Del Sol A (2010) *Diseases as Network Perturbations at all*. Curr op Biotechnology
 Gerson M (1958) *A Cancer Therapy, Results of fifty cases*.

Plato saw flaws in sensory and causal processing of reality

Gerson Inst.
 Hahnemann S (1993) *Organon of Medicine*. Cooper Pub.
 Hering C (2010) *The Guiding Symptoms of our Materia Medica*. Naby Press
 Hippocrates (1989) *Ancient Medicine*. Loeb Classical Library
 Hume D (2012) *A Treatise of Human Nature*. Create Space
 Independent Publishing Platform
 Jensen B (1984) *Tissue Cleansing Through Bowel Management*. Bernard Jensen International
 Keleman S (1989) *Emotional Anatomy*. Centar Press
 Kirkman MF and Cedgar L (2002) *The Digestive Contract*. Biopathica
 Miller FG, Colloca L, Kaptchuk TJ (2009) 'The placebo effect: illness and interpersonal healing'. *Perspect Biol Med*; 52:518-39
 Nicolis G and Prigogine I (1989) *Exploring Complexity*. WH Freeman & Co Ltd
 No author (2006) *Textbook of Functional Medicine*. Institute of Functional Medicine
 No author (2007) *Extended Aetiology; module III - Manual for Bioregulatory Medicine*. Biomedic Foundation
 Offray de la Mettrie J (2006) *Men A Machine*. Read How You Want
 Plato (1955) *Charmides*. Harvard University Press
 Prigogine I (1984) *Order Out of Chaos: Man's New Dialogue with Nature*. Bantam Books
 Reckeweg HH (2002) *Materia Medica Homoeopathia Antihomotoxicia*, 4th edn. Aurelia
 Reich W (1989) *The Function of Orgasm*. Souvenir Press (E&A)
 Roger AS (2002) *Detoxify or Die*. Sand Key Company Inc.
 Schulkin J (Ed) (2004) *Allotaxis, Homeostasis, and the Costs of Physiological Adaptation*. Cambridge Uni Press
 Selye H (1984) *The Stress of Life*. McGraw-Hill
 Shakambet DA (2007) *British Homeopathic Formulary*. Biomedic Ltd.
 Virchow R (1971) *Cellular pathology as based upon physiological and pathological histology*. Dover Publications
 von Bertalanffy L (1969) *General System Theory*. George Braziller Inc.
 Wayne M (2005) *Quantum-Integral Medicine*. iThink Books
 Wiener N (1965) *Cybernetics or the Control and Communication in the Animal and the Machine*. MIT Press