

This way for integration: the rise of Bioregulatory Medicine

"Integrative medicine" is becoming all the rage, but current models lack cohesion and a valid scientific base. Meanwhile, a new system of medicine that might justifiably claim to be truly integrative has been quietly gathering momentum. **Dr Damir Shakambet, MD**, explains the development of Bioregulatory Medicine.

Complementary medicine has evolved organically as an alternative way to provide a solution for diseases whose existing treatment was not sufficient. Modern medicine, which is based on an empirical and linear view of the world, has fallen short of expectations. This was apparent in the most problematic area of degenerative and malignant pathologies. On the other hand, CAM treatments have been trying to fill the gap by developing a myriad of traditional and new treatments, each on a different basis, ranging from natural and traditional philosophies to spiritual and esoteric.

Some of these treatments have been incorporated into a health "lifestyle" of combined treatments vaguely known as an integrative medicine. But the various integrative models of health were never researched nor organized into a unified model with common scientific parameters and allopathic medicine has ultimately rejected it, being unable to bring such multifaceted integration into existing biochemical platforms.

Rise of a new integrative model of medicine

During the '90s in the Biomedic Clinic in London, Dr Tatyana Bosh and I built a team of medical practitioners, with a new approach to integration, looking ahead to viable solutions in the future. We searched for a common scientific platform, in a way that CAM could be unified and then brought into allopathic medicine. Instead of adding alternative treatments to be practised alongside each other, we completed clinical protocols, building a common theoretical framework. In this way a new health system organically emerged – which we called Bioregulatory Medicine, having realised that most CAM treatments are based on enhancing and modulating bioregulation, or homeostasis.

We used systems biology as a scientific basis for integration, since a multitude of system network imbalances are therapeutically

targeted by specific complementary methods. In order to make a seamless transition into one unified clinical protocol, we gradually build diagnostic parameters of Bioregulatory diagnosis and treatment. Moreover, this model could be applied not only to complementary and natural methodologies but to allopathic medicine, too.

Systems theory and multifactorialism

The most important shift in this novel health system was to move away from the unifactorial cause of disease and International Classification of Disease (ICD), and move towards multifactorial causality and a new diagnostic classification based on physiological network systems parameters. We believe that such a change of thought has great implications for medicine, as it creates a new definition of disease. Disease is now regarded as an imbalance or lack of synchronicity between homeostatic loops. This new diagnostic approach dictates a multilayered, system-orientated treatment, based on targeting different homeostatic system levels.

From a systems biology perspective, disease is not a biochemical error only, but a communication error between regulating homeostatic networks. For example, cardiovascular disease may be treated by a bioregulatory system-orientated approach of realigning the hypothalamic-thyroid axis and antiinflammatory protocols, in order to decrease atherosclerotic plaques in fine coronary arteries. Such a dramatic change in medical thinking has been justified by corroborative medical research, which has pointed to the systemic involvement in disease process.

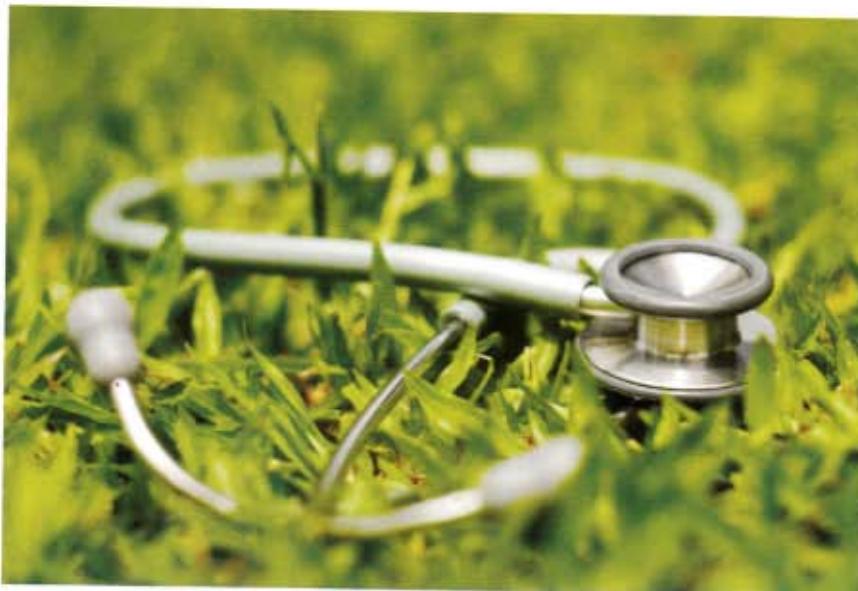
'The 'healing potential of homeostasis': was Hippocrates right?

Bioregulation, or homeostasis, is as old as modern medicine; it was described by Bernard

and introduced to medicine as homeostasis by Walter Cannon in 1932. Hippocrates was referring to nature having an intrinsic healing capacity, referring to the homeostatic potential of self-cure.

Homeostasis is an intrinsic mechanism evolved by millennia of evolution into intricate interactive and adaptive systems of regulation. It has the potential to adapt to changes in external and internal environments. Changes in temperature or diet trigger corrective homeostasis which aids adaptation and survival. For example, changes of contemporary diet based on high content of refined carbohydrates makes insulin receptors resistant to increased blood sugar concentration. Insulin resistance would in time exhaust insulin production cells in the pancreas, leading to type-2 diabetes. Understanding the nature of homeostasis and interference with it creates new medical treatments based on supporting, rather than overriding, this finely-tuned system of bioregulation. In the case of type 2 diabetes, reducing sugar intake, resetting insulin receptors and stimulating regeneration of the insulin-producing cells would be a typical bioregulatory treatment, in comparison with palliative insulin replacement in the allopathic approach, or an ineffective partial homeostatic treatment of nutrition with herbal supplements common in some complementary treatments. Clearly there is a need for complete treatment system which is standardised and on a sound scientific basis in order to create consistent, repeatable clinical results.

A systems approach to homeostasis is a fundamental principle of Bioregulatory medicine. Interestingly, Norbert Wiener in his seminal work on cybernetics, was observing feedback mechanisms in the homeostasis of living systems before he originated his revolutionary system theory and cybernetics. It was obvious to Wiener's non-medical mind that living systems were functioning as self-



regulating feedback loops.

Homeostasis and system theory are valid scientific concepts, and since complementary treatments generally stimulate inner healing by homeostasis, this is a logical way forward for medical integration. The founders of Bioregulatory Medicine saw a systems approach and homeostasis as an opportunity to harness modern scientific research with various CAM treatments into unified protocols, while preserving its authenticity. Easier said than done, since it took another 20 years before the model was turned into educational programmes as it is now taught at the British Academy of Bioregulatory Medicine in London.

Principles of Bioregulatory medicine

The principles of Bioregulatory medicine were first described systematically in the Bioregulatory Medicines Formulary, published in 2007, which showed the basic framework of Bioregulatory treatment, based on multisystem homeostasis regulation.

Disease was described in the Formulary for the first time as "a maladaptive network system function induced by multifactorial aetiology". The most vital homeostatic function is inflammation, which we saw as a key corrective process. Scientific research now confirms that premise, giving credibility to protocols based on supporting and finely tuning inflammation.

I have described two fundamental principles of Bioregulatory Medicine which we teach figuratively as vertical and horizontal principles. The horizontally-orientated principle refers to a disease process which takes place in a course of time, by gradual adaptation and maladaptation of the system levels. The vertical principle refers to a specific level of system control of higher

psychoneuroimmunoendocrine and lower cellular controlling systems. Bioregulatory diagnosis evaluates all system levels in conjunction with causative factors as an algorithm of probability of biological system imbalance, thus creating an empirical approach to holistic treatment.

Horizontal time-orientated disease process

Disease as a process-orientated approach and symptoms are evaluated in a context of time, tracing system imbalance at different levels in the patient's history. System maladaptation is traced accurately in the history and Bioregulatory Medicine therapists are trained to take notice of a detailed chain of psychosomatic events. The psychosomatic process is fundamental in Bioregulatory Medicine, as it brings psycho-mental stress of the hypothalamo-pituitary-adrenal axis, as well as involving the autonomic system, as a conveyor of imbalance, bringing noxious information to cell regulation.

Vertical: multiple level system involvement

Homeostasis is a horizontally-organized set of system layers, which has evolved into ever-increasing organisation by metasystem transition. The latest evolutionary addition to network systems is given by self-consciousness or awareness, which is a root of psychosomatic processing. A number of CAM therapies indeed emphasise awareness via various meditative techniques, but they fall short of following through the treatment with the other networks involved. Bioregulatory Medicine provides the overall basis for treatment inclusive of higher strata of hypothalamo-thyroid-adrenal-gonadal function, neurotransmitters, autonomic

(sympathetic/parasympathetic), to lower strata system parameters of capillary perfusion, lymphatic flow, tissue regulated inflammation and the state of cellular receptors with other humoral factors such as tumour markers and other blood analyses that reveal conditions at the level of cellular homeostasis. Since system levels are interconnected in self-regulating feedback loops, understanding the mechanisms and involvement of each vertical system is the key for successful treatment.

Psychosomatisation in Bioregulatory Medicine

Psychosomatic and psychomotor processing carries information to somatic cells, since every organ is depicted in a specific brain area. Psychomotor processing is passed to the matrix at cellular level, creating structural blockages and postural problems in the musculo-connective tissue. Psychosomatic bodywork releases those structural blockages and resets lower functioning system levels by subconscious reprogramming.

Tissue or biological terrain is modulated in order to remove blocks to recovery of cellular functions – through alkalisation, anti-inflammatory treatment, supplemental approaches, detoxification and microbiome bioregulation in order to bio-regulate matrix responsiveness at the cellular receptor levels.

Resources:

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About the author

Dr Damir Shakambet, MD, is a medical doctor and the originator of Bioregulatory medicine. He is chairman of the International Society of Bioregulatory Medicine, and the principal of the British Academy of Bioregulatory Medicine. He has been lecturing worldwide promoting the Bioregulatory concept and establishing training programmes in Europe, South and North America and Australia.

* The Academy for Bioregulatory Medicine is a medical education charity providing courses in Bioregulatory Medicine, located at the Biomedic Centre, 23 Manchester Street, London W1U 4DI, 020 7935 6866, www.biomedic.co.uk, inquiry@biomedic.co.uk.