

BIOREGULATORY MEDICINE

Presomatic Syndrome is the “last preventative call” demanding immediate bioregulatory therapeutic measures.

Bioregulatory Medicine is a new medical paradigm, dedicated to improve affected aspects of Health, rather than treating symptoms of a disease.

Bioregulatory therapy helps PSS sufferers by getting them re-hydrated, re-mineralised and detoxified appropriately. The treatment also involves releasing and restructuring restricted body parts, and improving oxygenation, circulation and innervation of the affected areas. During PSS bioregulatory treatment, suppressed emotions are recognised, liberated and therapeutically integrated, to help patients adopt a positive outlook in dealing with stressful situations in life.

Such a “human version of MOT” is offered by Dr Tatyana Bosh, who has formulated the Psychosomatic Bodywork, a specific bioregulatory methodology designed to meet the needs of PSS sufferers, and to deliver them back to Health.

The concept of Bioregulatory Medicine was postulated by Dr Tatyana Bosh and Dr Damir Shakambet in 1995, at the Biomedic Centre in London. The Centre is an innovative clinic for applied bioregulation, where both Dr Bosh and Dr Shakambet are currently practicing and running the Academy for Bioregulatory Medicine.

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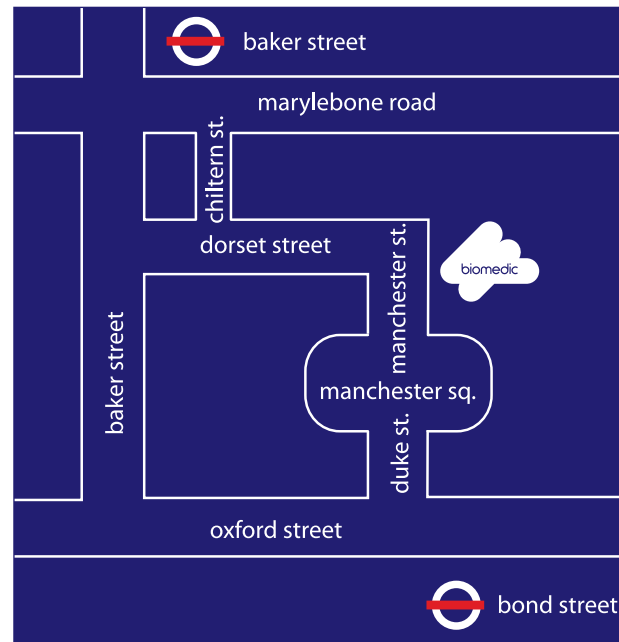


Parking

There is a metered parking in front of the centre and the NCP garage in nearby Chiltern Street is open 24 hours

Underground

Baker Street and Bond Street tube stations are a couple of minutes walking distance



PRESOMATIC SYNDROME



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Presomatic syndrome (PSS) is a clinical manifestation of **early disease-formative process**, where conventionally diagnosable **diseases are not present yet**. The syndrome usually manifests as a **hyperfunction, hypofunction or dysfunction** of various body parts. An individual's well-being is noticeably disturbed, but standard **diagnostic test still show an "all clear" situation**.

PSS is an emergency state, where **compensatory mechanisms of the body struggle** to maintain integrity of the biological terrain. Once these mechanisms are exhausted, a disease "suddenly appears".

PSS is a precursor for all acquired diseases. It is a common denominator for a variety of seemingly unrelated pathologies such as flu, measles, dermatitis, arthritis, MS or cancer. The specificity, intensity and persistency of one's PSS define the nature of the **oncoming disease, which could be entirely prevented if PSS is therapeutically addressed**.

Stressful lifestyles and environmental stressors only facilitate the manifestation of the PSS, which is the major reason why the syndrome is "spreading" so rapidly, and already takes a large proportion of the Primary Health Care. Although there are no existent statistics to prove its incidence, it would be fair to say that **PSS is the most common Health problem in the world**.

SYMPTOMS AND SIGNS

Unlike a physically developed disease, a Presomatic Syndrome is rarely allocated to one specific physiological organ or system. It usually manifests as a **combination of symptoms from several disorderly physiological systems, as categorised below**:

Psychological PSS: irritability, apathy, depression, mood swings, insomnia, lack of concentration . . .

Neuro-endocrine PSS: period problems, sluggish metabolism, chronic fatigue, frequent infections . . .

Skin PSS: very dry or oily skin, dandruff, excess or lack of sweating, itchiness, non-specific spots . . .

Musculoconnective PSS: fibromyalgia or localised aches and pains like headaches, backache or neckache . . .

Skeletal PSS: growing pains, exaggerated spinal curvatures, postural asymmetry . . .

Respiratory PSS: respiratory congestion, shallow breathing, tendency to spasmodic cough or hiccupping . . .

Cardiovascular PSS: palpitations, cold extremities, migraine, tendency to localised edema . . .

Digestive PSS: tendency to nausea, diarrhoea, constipation, indigestion, belching, flatulence, abdominal distention . . .

Uroreproductive PSS: frequent urination, painful intercourse, local discomfort, difficulties to conceive . . .

Sensory PSS: occasional tinnitus or dizziness, floaters, refractory anomalies such as short-sightedness . . .

A typical PSS sufferer experiences muscular pains and aches, tiredness, constipation or diarrhoea, bloatedness, cravings, apathy, mood swings and a prolonged feeling of dissatisfaction. More advanced forms of PSS would include **Fibromyalgia and Chronic Fatigue Syndrome**.

CONVENTIONAL MEDICINE

The majority of people suffering PSS spend weeks and months, sometimes even years, visiting their GPs and **undergoing various diagnostic procedures**, only to be told that all is well and how healthy they actually are. These contradictory statements from medical establishments leave **PSS sufferers feeling helpless**, while their Health continues to deteriorate.

Sadly, this vicious circle quite commonly reaches the stage, where affected people **are unnecessarily treated with aggressive medication, diagnosed as neurotic or simply considered as being hypochondriacs**. In either situation, the valuable time for bioregulation of disturbed homoeostasis is lost, and physical and usually chronic pathology eventually sets in.

Dealing with patients suffering **PSS puts doctors in a very challenging position**. The major dilemma facing Physicians is how to successfully treat a patient that shows symptoms of a **diagnostically not yet evident disease**, often with the knowledge that their mainly techno-pharmaco-surgical approach cannot offer a satisfactory medical solution. Consequently, doctors are frequently brought into situations where they can only deeply empathise and try to encourage those patients, while feeling **professionally confused or frustrated**.

Regardless of the doctors' choice of treatment for PSS patients, be it: applying series of diagnostic procedures, prescribing pharmacological drugs, diagnosing hypochondria, neurasthenia or blaming it all to stress and offering words of encouragement; the sad truth remains: **modern physicians are not able to treat PSS, as they are simply not trained how to do so**.