

Poster presentation

Considering the major mental disorders as clinical expressions of periodic pathological oscillations of the overall operating mode of brain function the article itself

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Background

Studying shared clinical phenomena in major mental disorder. [1]

Materials and methods

Evidence from 50 years of evaluating shared characteristics and overlaps in clinical expressions and pharmacological responses [2] will be used to consider their collective significance in major mental disorders.

Results

1. These disorders have a common initial neurodevelopmental origin.
2. They occur probabilistically on some of "at-risk" individuals whose pre-existing underlying structural variance (expressed as temperament) confers vulnerability for such occurrences.
3. They can be considered as clinical expressions of pathologically ordered phase of the overall operating mode of brain function, expressed in the characteristic symptoms for each, made up of recurrent antithetical substitutes i.e., mania /depression, apathy/ explosively, obsessiveness/slovenliness either-or thinking etc..[3]
4. This mode based on a particular for our brain algorithm (as an emergent quality of complexity) normally ensures, within limits, the synchrony, coordination, amalgamated subtlety and robust flexibility during the expression of each of the higher faculties. Specifically, mood modulation, coordination of feeling and thoughts, the rules of thinking, sequencing/ scheduling and appropriate responses to the external world. [4]

Conclusions

Such consideration opens opportunities for novel, therapies such as an input of specific, electric signal or magnetic field (versus the crude effect of ECT) or by noise cancellation techniques, restoring and maintaining the normal function of the operating mode. It also challenges us into re-thinking the current nosological, procrustean, flawed classification which prevents us from discerning the collective significance of these phenomena.

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