Clinical Neuro genetics of human behavior is extremely close to animal studies and functional neuroimaging. But there is a difficulty in clinical integration, combined with the increase in repetitive scientific studies, especially in cases of addiction and childhood disorders [1-34].

In the middle of 2023, the human brain has never had specific care attention, at each stage of intrauterine neurodevelopment until the end close to 25 years of age. What is common to all human beings, since the beginning of time, are behaviors dependent on neurobiology: enzymes, neurotransmitters and neurohormones and others. They show neurodevelopment of family affection or family synchrony by three years of age, and social skills are developed by five years of age [1-37].

The human brain that influences the response to fear and survival, through amygdala neuroadaptation mechanism, acquired by the absence of family synchrony, but with different intensity and content, which differentiates the responses at each moment, and individually. Neuro adaptation occurs in all humans and mammals during the first years of life and is altered by painful experiences that occur, and those that do not, causing unconscious suffering due to dopaminergic deficit, in which the human brain expected to experience, role in the family system, similar to mammalian brains, with neurobiological psychodynamics of survival instinct [2-44].

During this period, there are perennial changes, or lasting changes in brain structure and function, due to epigenetic changes (changes in DNA structure and chromatin function) and, consequently, affect the susceptibility of minimal, moderate or severe dysfunctions, which is the role of the physician.

Differentiate between disease, disorder or dysfunction without mental repercussions [3-45].

The world novelty of Syndrome (Sd) Z objectively described in September 2022, presents central dysfunction of familial asynchrony, which is dependent on biology (oxytoninergic neuronal systems) associated with the chronic hypodopaminergic neurological state. It can be observed clinically without invading the intimate forum, in any human being, transversally and retrospectively, as in all great geniuses, thinkers, drug addicts. Clinical understanding does not justify the production of new evidence-based scientific substantiation studies [4-50].

It presents a subtle clinic of automatic amygdala neurological states, fear adaptation, insecurity, camouflaged by characteristic family fights with secondary gains, or family schemas of Cognitive Behavioral Psychology of Schemas (Young), passed on to next generations by already identified genes [5-39].

Such family affective skills must be taught, as biological mechanisms are absent, training is necessary, noting that just guiding can make the situation worse, as it is like asking a chemical dependent to stop using it, or asking a blind person to see. Everyone will feel bad because of disability, and they won’t be able to because they don’t learn development [10-38].

They are currently absent, clinically perceptible by observing the reality produced unconsciously, by each person repeating what they received from their parents, easily identified by faulty acts. The truth is that it can be a mild dysfunction without repercussions, moderate without physical damage, but with loss of long periods of life, avoiding a family member, and serious as the cases of Family Alienation, and Chemical Dependence, where
the sciences of Law, and public policies end up aggravating the disease, unconsciously, and lack of information [5-44].

In families with chemically dependent children, Syndrome Z is responsible for the inability to observe their own illnesses, because during an activated schema state, there is simultaneously a state of alexithymia (inability to observe oneself effectively) and anosognosia (inability to observe others effectively) and then unconsciously neglects her own children [50-63].

In the dialectic family neurobehavioral assessment (unconscious and conscious), we evidenced that Sd Z presents children with chronic hypodopaminergic states, a clinical picture similar to newborns with Attention Deficit Disorder (ADHD), who present a specific group of genes (cause a decrease in the dopaminergic production in the prefrontal region) and autistic spectrum, which presents another group of specific genes [22-52,53-55].

The hypodopaminergic genes (GWARS), identified by Blum et al, allied to the familial asynchrony genes, form a group of current Syndrome Z genes, which is a third diagnosis in the neuropediatric clinic, which, when associated, makes the diagnosis difficult [22,52-55].

Syndrome Z was descrit in 2017 by a Chilean group with a clinical case of similar neurobehavior, but focusing on Sleep Apnea in the metabolic syndrome (Syndrome X). In daily practice in the voluntary project of the Therapeutic Community Aurora Boreal-SP, without the objective of doing science, we describe Syndrome Z, and the Use of Pathological Substance (USP), using the clinical neurobehavioral and neurogenetic of Relapse, with reorganization of two clusters simultaneous clinical trials, of hypodopaminergic pathophysiology, and reorganized all Addiction Medicine. Where many patients Sd Z, cause the Metabolic Syndrome or Sd X, observed in our clinic of Vascular surgery, because they present the same common brain pathway of the reward system, chronic hypodopaminergic state and toxic family scheme [8-17,22-48,50-55].

The USP clinic presents a common clinical picture of neuroadaptation, and common in the presence of specific genes, and relapse is one of them, with an evident clinical picture of behavior change, of lack of motivation for treatment, rich in unconscious signs and symptoms, loss of sense of self-observation and care, due to the production of epigenetic molecules. Relapse is a neurogenic process reactivated by poor mental quality, or it can be cyclical every three months, due to lasting molecules, so abstinence, self-observation with psychoeducation, to identify the state itself is necessary [11].

Many hypodopaminergic elderly people can anticipate a picture of Senile Dementia, and even Alzheimer’s subtypes, but there is no curiosity in exploring without proof, or announcement of big names, for fear of change, which is inevitable, since natural and fundamental human rights are being harmed by the disease unconsciously. Human biological evolution is acquiring fluid intelligence, self-observation, and again with love. Necessary to treat family members, children, and the next human generation [53-66].

Objective

In this mini-review with clinical evaluation in medical practice, it aims to raise awareness of Syndrome Z, an unconscious neurological family disease, and to help in the clinical genetic grouping, with neuro-epigenetic evidence that interferes with the free will of the child, the family and secondary diseases to Syndrome Z. We selected 64 articles in Pubmed from many clinical articles and review of all 177 articles of simultanagnosia present in the same digital library, which presented in our medical evaluation, etiopathogenic clinical reality.

Discussion

The Covid-19 epidemic, the widespread fear of a frank epidemic, but also the increase in the worsening of family relationships, which is rarely addressed in the family relationship clinic, it was possible to systematically observe, together with clinical practice, a clinical interpretation opposite of Evidence-Based Medicine. Currently science evaluates only the correlation, which needs to have the agreement of observations and ideas (Stigler 1986), the null hypothesis and the hypothesis, it is not always evident, as the methodologies of clinical study, when it involves significant genetics, can be disastrous in terms of greater the number of participants. If biostatistics is always linear logic, which often nullifies clinical reasoning, what is happening happens, clinical skill is limited. But nothing is lost, the Learning tree is added (Platt, 1964) [67].

Currently we observe an addiction to reading just the conclusion of an article, in which the name of a big Brand, company, Laboratory, or simply being published, will come to be an absolute truth. The mercantilist bureaucracy annulled True Medicine.

A simple check is the ability to notice more than three or four features in your body, or an external object, in a single second. This inability has been studied as simultanagnosia, which clinically, proven by neuroscience, “losing” simultanagnosia is another result of the Treatment of Sd Z. [59-64] training the effective self-observation of our emotions. If we feel something or bad emotion during the service, we must review what is the problem that are similar between the therapist and the patient. As with all clinical training, so should emotional intelligence education for children and families [31-64].

The fluid intelligence that is acquired by the treatment of Sd Z, by the acquisition of new dopaminergic neurons stimulating the right cerebral hemisphere, activated when the automatic neuroadaptations are deactivated, and are moments of generation of the insight [64-66].

If verbal discourse or silence is not equivalent to behavior and reality, morals and ethics, the discourse can denounce the diagnosis, the intimate desire (true) of the brain’s desire for neuroadaptation; of the pathological desire for resensitization of dopaminergic triggering, of a craving, or impulse. Subjectivity, character and intimacy are for the next step in the neuropsychic evaluation. The personal history, intimacy of each human being, is added to this psychic and behavioral functioning [11-64].

Pathological or illusory lying is clinically observed when there is an alteration in the sense of self-care by molecules of epigenetic origin, or when it is a neuroadaptation of fear, or if it is malicious or objective. For a person who is not in the area everything becomes the same thing, and if a specialist manages to clinically differentiate a relapse, a Z syndrome, a pathological neurological state, then Dialectic Medicine is born [29-45].

Burnout Syndrome is the complication of the Workaholic. Workaholic is secondary to Sd Z, verbally defended by the need for work. The same clinical state has had several names, such as Freudian hysteria, psychosomatic illness, stress crisis, unsuccessful bariatric surgery, marital fight similar to childhood trauma, Nobel Syndrome or "nobilitis" [65-66].
Clinically defined psychosis in the presence of delusions and hallucinations that may be secondary to intoxication of licit or illicit psychoactive medications, or dysfunction of dopaminergic receptors, mainly in the presence of specific genes, which bring about changes in brain processing in the increase of dopamine, with persecutory ideas, of grandeur, or magical thoughts, which are irrational [11-43]. The illusion is the Sd Z disease, due to parietotemporal processing deficit and some studies show occipital atrophy, frontal atrophy, with neurological blindness and/or simultanagnosia [59-66].

The clustering of disease alleles secondary to Syndrome Z literally organizes the other mental comorbidities, aiding the goals of the Research Domain and Criteria (RDoC) and the Hierarchical Taxonomy of Psychopathology (HiTOP) represent large dimensional frameworks that study methods of accelerating progress, in the way psychopathology is studied, classified and treated. Syndrome Z is a true clinical Stakehold Z that interfaces with other areas of Medicine, Law, Pedagogy, Religion, we classify it as “Stakehold Z Brazil” or Dialectical Medicine [51-55].

Conclusion

The Sd Z features the same long-term changes in brain volume, microstructure, and connectivity, especially in the amygdala and hippocampal regions of childhood, caused by familial asynchrony or childhood emotional trauma, acquired in the window of childhood neurodevelopment, such as polymorphisms in genes of brain-derived neurotrophic factors, catechol-O-methyltransferase, genetic pathways related to glutamate, and monoaminergic signaling. Furthermore, there are several neuroendocrine dysfunctions, and clinically neglected chronic hypodopaminergic states, which can generate children with genius, instead of blaming them and classifying them as Generation Z. The same volumetric loss occurs in adults, mainly in the frontal lobe. It keeps worsening gene mutations, and passing on for generations, that in the near future, it will be more difficult to treat family relationships, and the human generation is literally doomed [30-60].

These are the same changes as chemically dependent adults. How many diabetic patients are not secondary to Syndrome Z? How many obese children and adults are not Syndrome Z? How many Sd X are not extensions of Sd Z, being “Sd ZX”?? How many families across the globe will wait for the science bureaucracy to have the right to be evaluated, and informed of the neuroscientific family asynchrony?

Professional responsibility in the face of a disorder does not have the legal effect of right and duty to a doctor and patient, but a disease supported by the WHO, which presents all the etiopathogenesis of hypodopaminergic initial chollary, such as Sd Z, Sd X, USP, organizes prevent from early childhood with emotional intelligence teaching, family schema therapy, dialectical behavior therapy and relapse psychoeducation. Family treatment and associated psychiatric illness are mandatory, sleep reorganization drugs, insomnia, reorganization of basic neurotransmitters, mainly dopamine in D2 and D3 receptors in the prefrontal region, and avoiding situations of relapse, are new possibilities, such as the hypothesis of dopamine replacement, before harm reduction [30-64].

Conflict of interest

I declare that my conflict of interest is to teach, to raise awareness of the delay in human and scientific evolution, due to dependence on bureaucracy and control. I have no political, religious, economic interest.

References


25. Predicting longitudinal service use for individuals with substance use disorders: A latent profile analysis - Journal of Substance Abuse Treatment


43. PMID: PMC7721718.
53. Blum MSGK, et al. Molecular role of dopamine in anhedonia linked to reward deficiency syndrome (RDS) and anti-reward systems. Frontiers In Bioscience, Scholar, 10, 309-325, March 1, 2018 et al.
54. Blum MSGK, et al. Genetic addiction risk score (GARS) TM, a predictor of vulnerability to opioid dependence. Frontiers In Bioscience, Elite, 10, 175-196, January 1,2018