



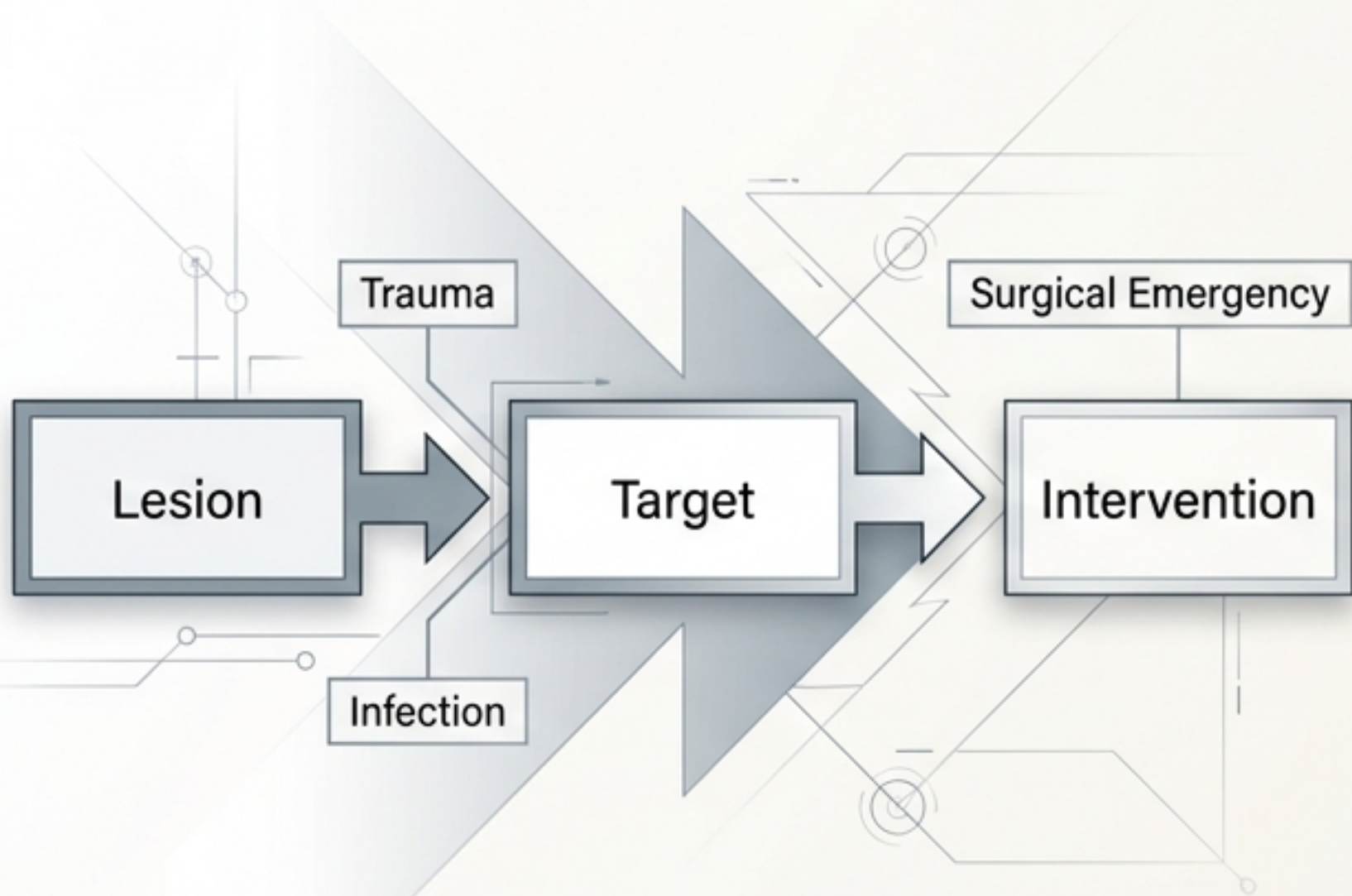
Coherence Physiology

The Embodied Substrate of
Life-Coherent Medicine

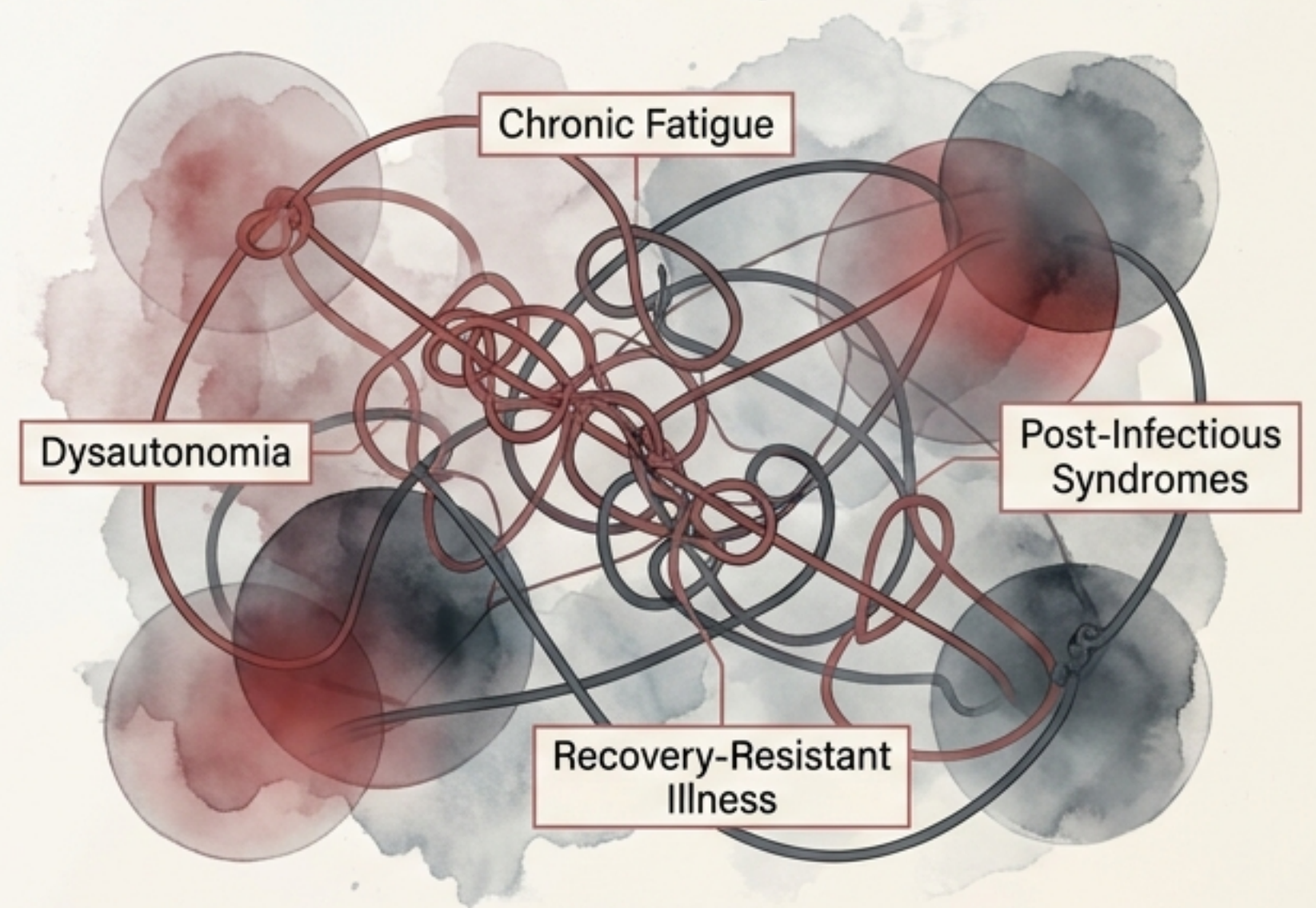
Dr. Bichara Sahely

The Paradox of Modern Medicine

The Success



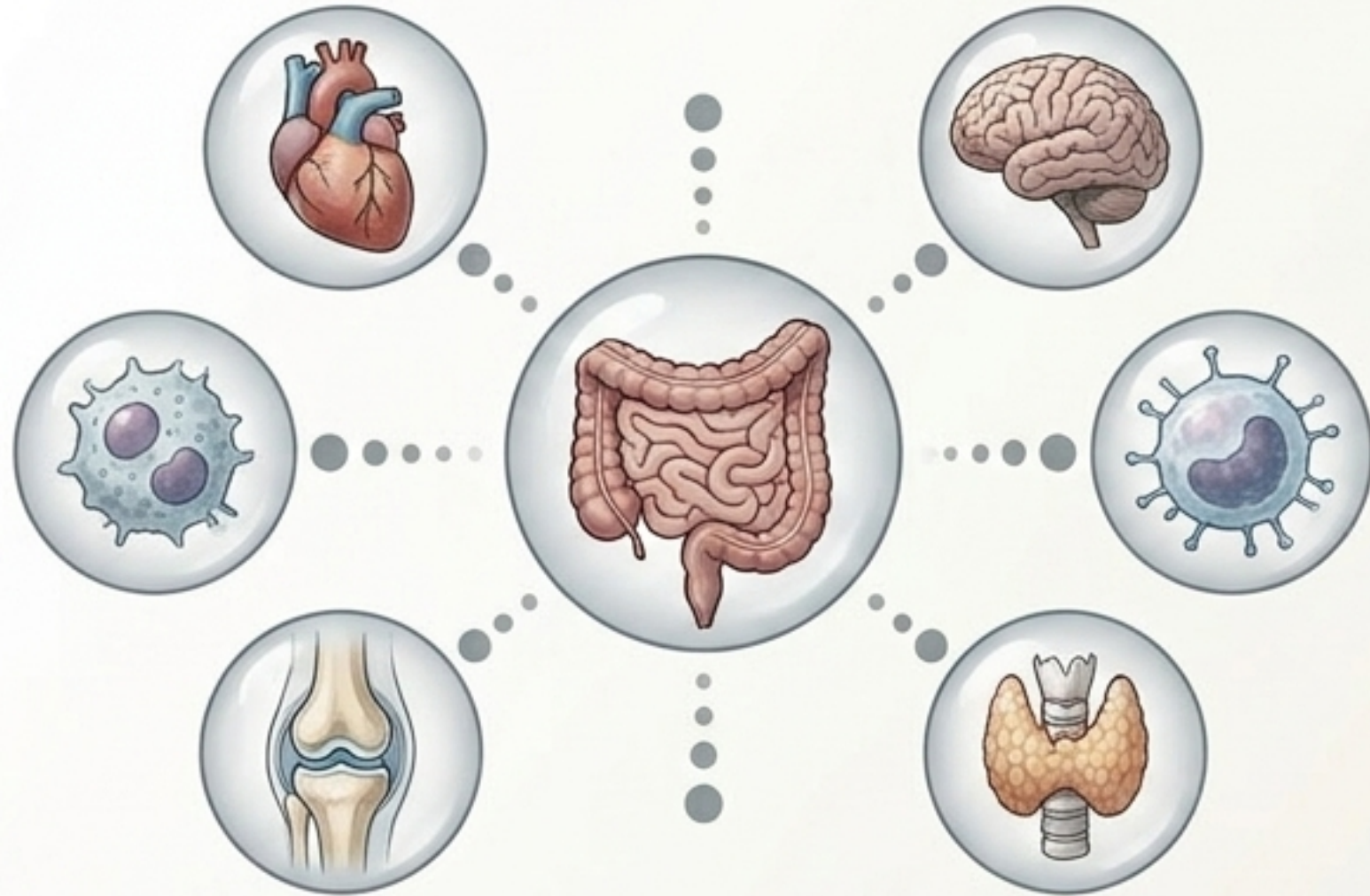
The Gap



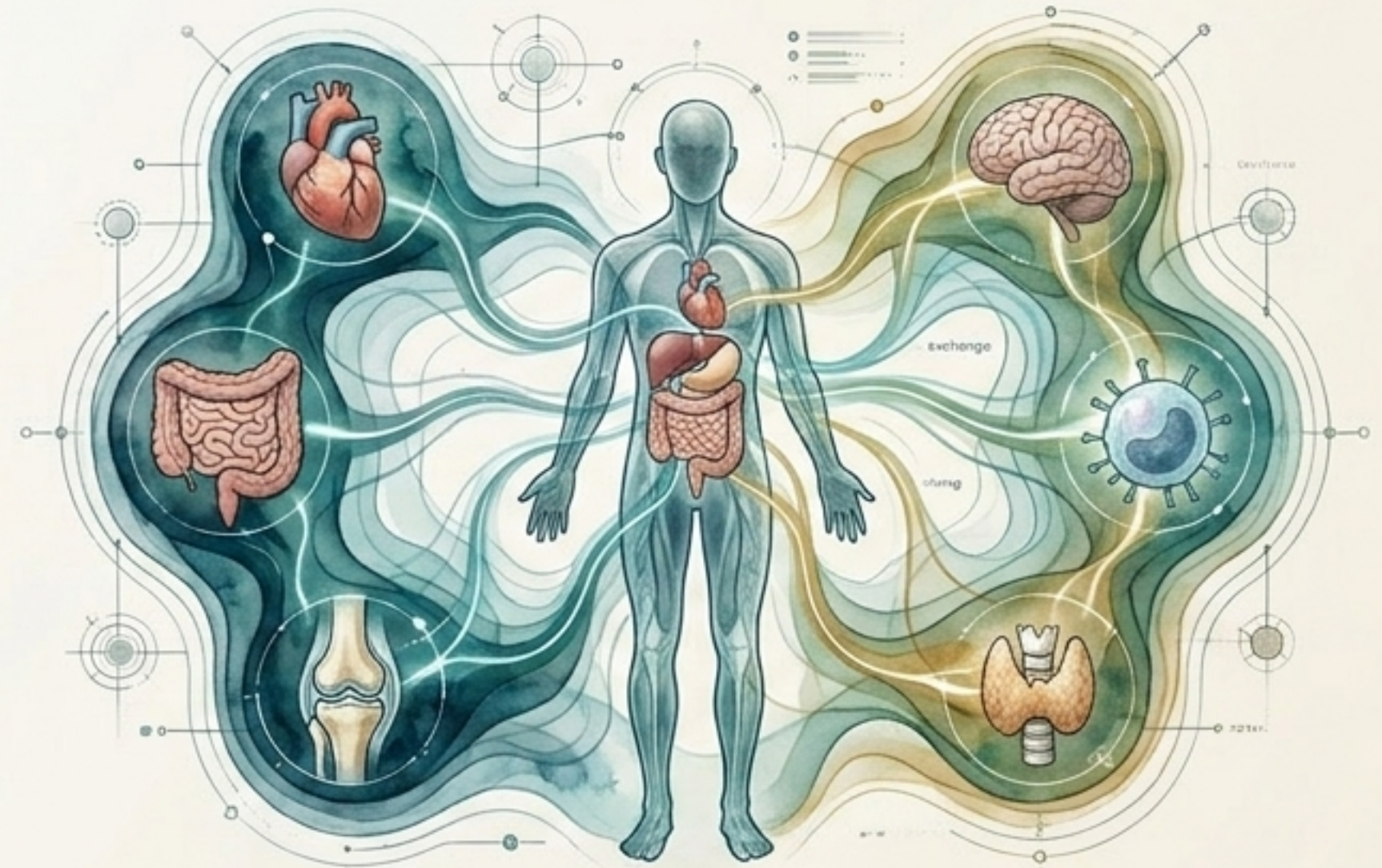
When disease presents as a discrete lesion, the modern biomedical model is indispensable. When illness crosses the boundaries by which medical knowledge is organized, the patient's experience is whole, but the explanatory system divides it.

From Organ Assemblage to Living Continuum

Organ Assemblage

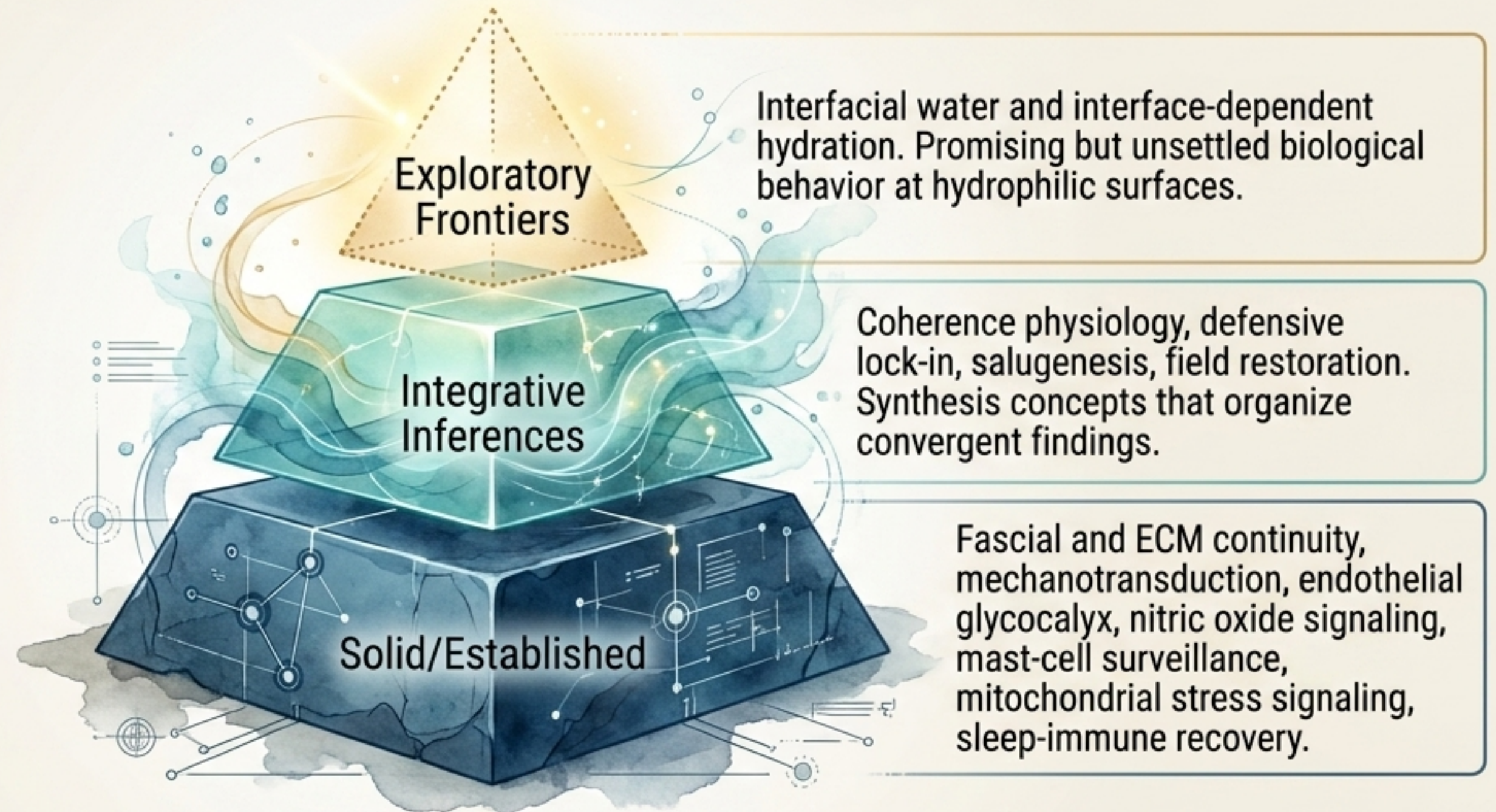


Living Continuum



The body is not a collection of separate organs later joined together by transport. It is a living continuum that differentiates into organs while remaining materially, fluidically, immunologically, and perceptually coupled.

A Disciplined Evidence Gradient



**Integrative without being totalizing.
Bold without overclaiming.**

The Architecture of Coherence



The Physical Scaffolding

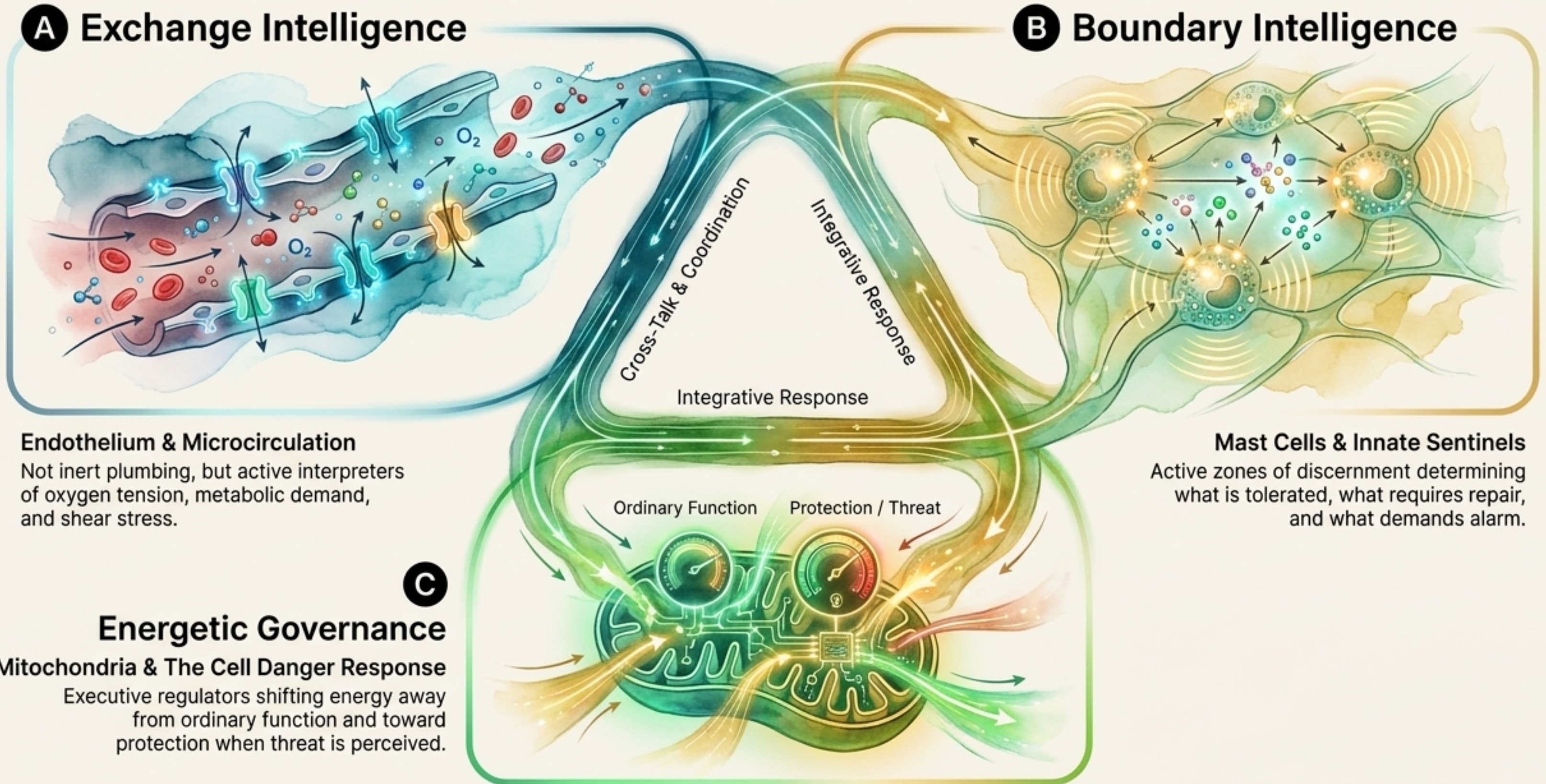


Fascia & ECM:
The 3D continuum distributing force, immune traffic, and sensory integration.

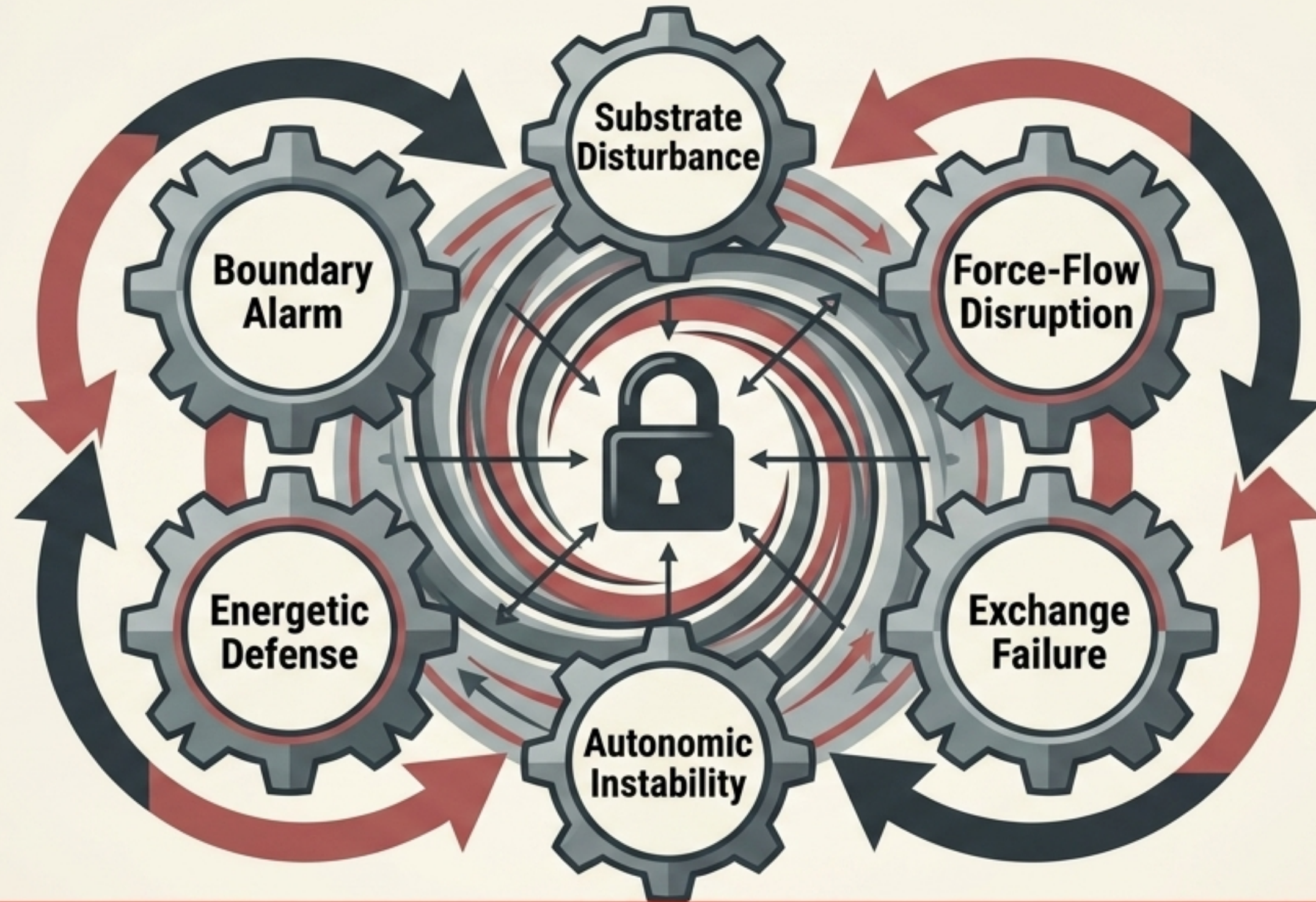
Hydrated Interfaces:
Gel-like layers like the endothelial glycocalyx regulating charge and local transport.

Mechanobiology:
Cells and tissues do not merely endure force; they interpret it through shear, strain, and pressure.

Intelligence & Energetic Governance



The Malfunction: Defensive Lock-In

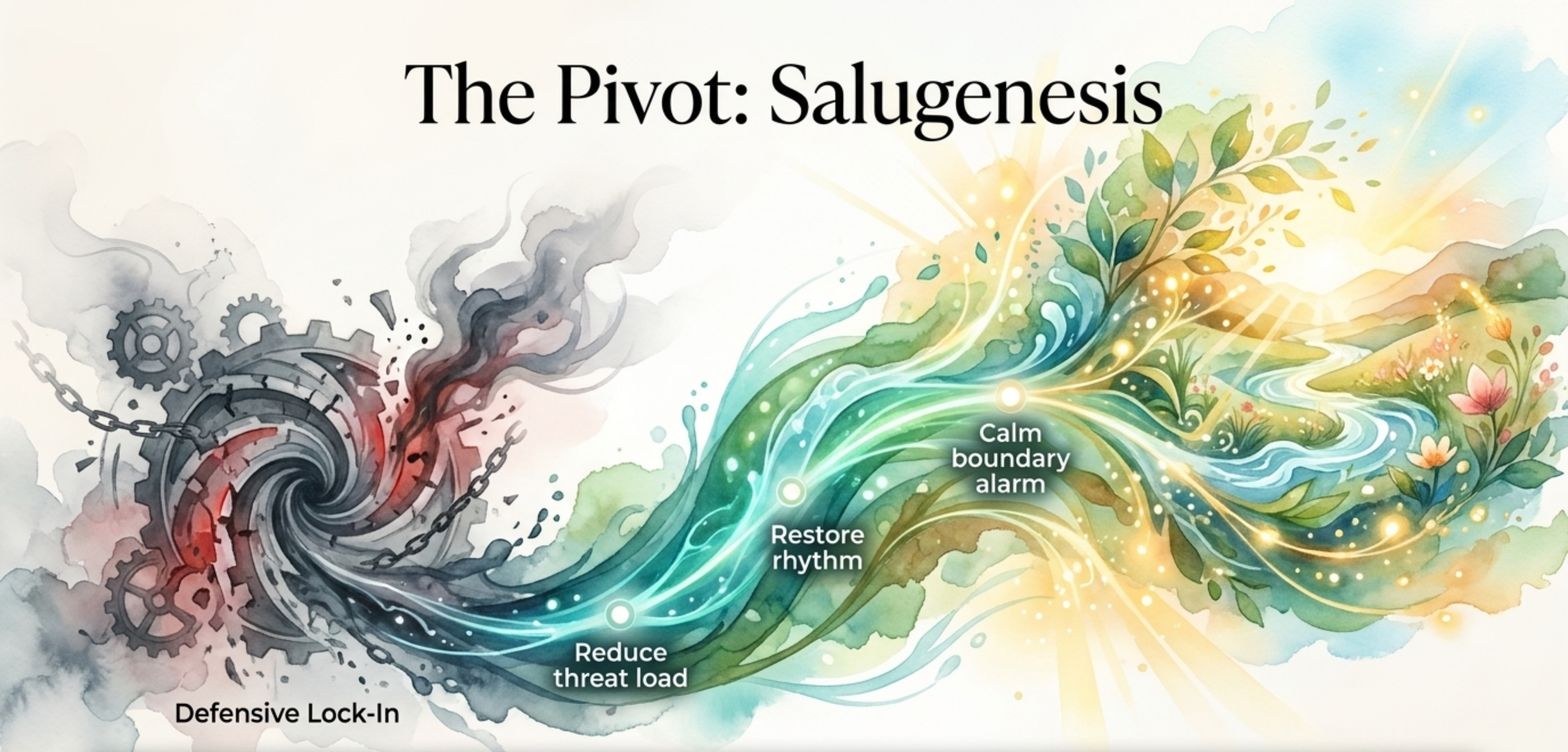


Chronic illness is not just persistent damage. It is a self-stabilizing state where the organism remains organized around protection, containment, and energy conservation long after the original trigger has passed.

Mapping the Lock-In

Biological Layer	Lock-In Mechanism	Clinical Presentation
Material Substrate	Stiffness, fibrosis, impaired drainage	Pain, restricted movement, poor healing.
Force-Flow Dynamics	Guarding, shallow breathing, lymphatic stagnation	Fatigue, orthostatic symptoms, post-exertional worsening.
Exchange Intelligence	Endothelial dysfunction, abnormal permeability	Brain fog, cold extremities, vascular headaches.
Boundary Intelligence	Mast-cell reactivity, neuroimmune sensitization	Food/chemical sensitivities, flushing, pain flares.
Energetic Governance	Persistent Cell Danger Response, hypometabolism	Severe fatigue, cognitive slowing, prolonged recovery.

The Pivot: Salugogenesis



Defensive Lock-In

Reduce
threat load

Restore
rhythm

Calm
boundary
alarm

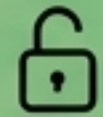
Salugogenesis is not a vague wellness concept. It is the active, biological restoration of the conditions under which the organism can relinquish defense and resume adaptive self-repair.

Salugenesis Across the Layers

Biological Layer



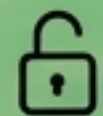
Material Substrate



Exchange Intelligence



Boundary Intelligence



Energetic Governance



Recovery Trajectory

Salugenetic Aim

Restore tissue ease and mobility.

Restore nitric oxide signaling and clearance.

Restore proportionate discernment.

Restore mitochondrial flexibility.

Expand life-capacity.

Early Signs of Restoration

Reduced swelling, improved movement.

Warmer extremities, clearer cognition.

Improved food tolerance, reduced reactivity.

Rest becomes restorative; exertion causes less delayed worsening.

Shorter flares, expanded activity envelope.

Clinical Translation: The Shift in Reasoning



Pathway-
Focused Care



Coherence-Informed
Reasoning

Fatigue

What deficiency, endocrine disorder, or medication explains it?

Is the organism rationing energy due to impaired exchange, disrupted sleep, or persistent boundary alarm?

Pain

What tissue, nerve, joint, or central pain pathway is responsible?

What tissue, matrix, vascular, and mechanical loops are sustaining this threat signaling?

Dysautonomia

Is this cardiovascular, neurological, or simple deconditioning?

Why is dynamic vascular regulation failing under posture, heat, or exertion?

Prevention: Protecting the Field



The Epistemic Commons

The Solution

The Problem

The Physiology
Commons

The fragmentation of physiology is partly structural. A renewed physiology commons is needed so that fascia research, microvascular medicine, and mitochondrial biology can be assembled transparently. Physiology requires a commons.

Cardiology

Immunology

Rehabilitation

Environmental
Health

Life-Coherent Medicine

Non-Coercive:

The organism cannot be commanded to recover; it must be supported into a new structural coupling.

Restorative:

Clinical care ordered toward the preservation, restoration, and expansion of life-capacity.

Respecting the Whole:

Diagnosis and specialty expertise situated within a wider responsibility to the living field.

The body is not a machine that fails only when parts break. It is a living commons of relations. When this commons is degraded, life narrows into defense. When it is restored, life begins to move again.