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ACCEPTED ABSTRACT

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ADOPTING LAUGHTER THERAPY TO GET DOSAGE OF HAPPY HORMONES TO REMOVE STRESS CAUSED BY BEING IN SLIGHT PAIN, BEING DEPRESSED, BEING UNHAPPY ANXIOUS OR SAD. SAYING POSITIVE AFFIRMATIONS ALOUD CHANGES BODY CELL ENERGY

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Statement of the Problem: There is a lack of awareness about what happy hormones are, how to use positive words to feel energetic and what can be done to get happy hormones. People tend to feel unhappy for multiple reasons and neuropathic pain adds on stress levels of not only the patient but the caregivers as well, being in pain leads to feeling depressed and anxious in some cases.

Methodology & Theoretical Orientation: Review of books and research shows that getting a dosage of happy hormones will not only ease slight pain of the patient but feeling happy will also have a positive impact on the recovery of the patient. Adopting laughter therapy and getting hormones which makes one feel good will help many to recover from Neuropathic pain/long term sadness caused by having grief, anger or resentment, depression and anxiety.

Findings: One needs to work on his/her energies using laughter therapy which is a positive approach for not having depression and anxiety caused by neuropathic pain. The therapy can be used as a holistic way to recovery.

Conclusion & Significance: The laughter therapy which includes ways to get the dosage of happy hormones promotes overcoming depression and anxiety caused by neuropathic pain, is a fun way to manage pain. Repeated sessions to be conducted to remind patients that life while having pain or during the recovery should go beyond just seeking medical and counseling help and also include rebuilding spiritual, physical, emotional, relational and mental health. The model has been put together for testing in many settings including hospitals, elderly homes and senior citizen centers. This is not a research book or paper. It is just an effort to demystify the help available for depression and anxiety caused by pain. It is an attempt to motivate and encourage people to seek help and take a simple approach to remember and work on all aspects of their recovery

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IS ALZHEIMER'S DISEASE A TYPE OF DIABETES?

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Alzheimer's disease (AD) is a progressive neurodegenerative disease characterized by loss of memory and impairment of multiple cognitive functions, to the detriment of hippocampal and cortical neurons. It is reported that neuronal loss may contribute to a 20-30% decrease in brain weight loss in patients with AD. This impairment in the counting and functionality of neurons occurs as a consequence of the accumulation of β -amyloid protein (β -A) and neurofibrillary tangles. β -A protein is found in neuritic plaques of the brain with AD and is generated by abnormal processing of amyloid precursor protein (APP) in neurons. The cause of abnormal APP processing and subsequent accumulation of β -A protein is unknown. There have been a growing number of studies that support the concept that AD essentially represents a metabolic disease with impairment in energy production and utilization of glucose by the brain. The metabolic abnormalities present in the disease in question are related to insulin resistance and insulin-like growth factor (IGF) and thus to the breakdown of signaling pathways that regulate the survival of neurons, energy production, gene expression and plasticity. Therefore, it is suggested that therapeutic strategies designated for treatment of type II diabetes mellitus, obesity and insulin resistance may be useful in slowing the progression or reducing the severity of AD.

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THE IMPACT OF TIMED EXAMS, TEACHER'S PRACTICES, CONTENT AND GRADE LEVEL ON STUDENT'S MATH ANXIETY IN SECONDARY AND INTERMEDIATE CLASSES

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The aim of this study is to examine the relationship between grade level, math content, timed exams and math teacher's practices (knowledge and interaction) and student's math anxiety in the intermediate and secondary levels since mathematics is a daily life topic laden with confusion and many individuals as students are anxious about dealing with mathematics for diverse reasons. The study employed a sequential explanatory design "Descriptive quantitative followed by qualitative data collection" to answer the research questions. The sample included 450 participants divided into 80 middle school students and 370 secondary students in three private schools and two public schools and was selected using stratified random sampling technique. Data from the selected participants was collected using standardized questionnaires to check out the designated factors and the variables prepared between February and April 2018; the data was then analyzed using SPSS (Statistical package for the social sciences version 23). To validate the questionnaires, prior to distributing them among the students, meetings were held with two math coordinators in the field of middle school and secondary level education and one academic education professor. Scale assessment was relative (rank order) and measurement was self-rating. To complete the research, interviews with math teachers and coordinators were assembled to discuss the outcomes of the study and set up future directions and the recommendations needed to enlighten on the designated topic. The results classified grade level, math content, timed exams and diverse items related to teacher's practices as factors contributing to student's math anxiety. The researcher recommends this study to directing parents and educators towards understanding the classification of low, moderate and high level of math anxiety and some of the factors contributing to it.