

Joint Event on



International Conference on

**NEUROSCIENCE AND
NEUROLOGICAL DISORDERS**

&

International Conference on

**PSYCHIATRY AND
PSYCHOLOGICAL DISORDERS**

June 28-29, 2018 | Dublin, Ireland

DAY 1
W o r k s h o p

Neuroscience Congress 2018 & Psychiatry 2018



Arthur G O'Malley

Mascot Child and Family Services Limited, UK

Biography

Arthur G O' Malley has worked as a consultant child and adolescent Psychiatrist from 2004 and accredited as an EMDR consultant from 2008. He has also trained in sensorimotor psychotherapy. He has been a Member of the UK and Ireland EMDR Association since 2002 and was a Member of the European Conference organizing committee for the London Conference and the Child and Adolescent Committee. He has presented at their AGMs in Glasgow, Manchester, Dublin and at the European conferences in Paris and London. He has presented widely in the fields of trauma, neglect and the developing brain, attachment disorders, personality disorders, emotional dysregulation in ADHD and ASD diagnosis and management. He first presented on this model at the ISSD 28th Annual conference in Montreal November 2011. Recent articles on the clinical effectiveness of BART psychotherapy have been published to complement the book, The Art of BART which was published by Karnac books in London in 2015 and is available in print and as an eBook from Amazon and karnacbooks.com. The updated version of the book, Beyond the Art of BART: Sensorimotor Focused EMDR for Psychotherapy and Peak Performance will soon be published.

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BEYOND THE ART OF BART: SENSORIMOTOR FOCUSED EMDR FOR PSYCHOTHERAPY AND PEAK PERFORMANCE

This is an integrated approach to psychotherapy, which incorporates elements of trauma focused cognitive behaviour therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR), mindfulness, somatic experiencing and sensorimotor psychotherapy (SP). This workshop gives participants an understanding of information processing in the body following significant life events. Gut feelings are initially registered at the level of the gut brain. Research on the gut microbiome and its relation to mental health will be presented. The next level of reprocessing takes place at the level of the heart brain, which is often linked to feelings of loss panic and anxiety. Activation of the body's energy system continues with activation of the hypothalamic pituitary adrenal (HPA) axis. A key component of reprocessing is overcoming the symptoms of speechless terror, which are felt at the level of the throat and pharynx. The goal of activating and reprocessing these sensations, motor impulses, emotions, feelings and thoughts is to bring unconscious trauma triggers into conscious awareness. In trauma as Bessel van der Kolk wrote in 1992, "the body keeps the score", with 90% of information stored somatically while we are consciously aware of only 10% of the information related to the traumatic event. This explains why premature use of CBT is ineffective. The reprocessing is continued with the patient being maintained in CALM WATERS (Conscious Aware, Level-Headed, Mindful, Window of Affective Tolerance Emotional Regulation and Stability). I will explain my two and three-dimensional models of dissociation associated with high arousal or RAPIDS (Racing Thoughts, Affective instability, Partitioned personality, Impulsivity, Distress and suicidality). This will also include a demonstration of dissociation and low arousal states or FROZEN Freeze Reaction, Oblivious, Zonked out and Emotionally Numb. I will illustrate the use of the sensorimotor EMDR psychotherapy with different types of traumatic dissociation with reference to individual cases of both acute and complex PTSD. I will also introduce delegates to quantum field theory and how quantum consciousness can be utilized in the consultation between therapist and client.

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DAY 1

Scientific Tracks & Abstracts

Neuroscience Congress 2018 & Psychiatry 2018

Day 1

SESSIONS

June 28, 2018

Neurology | Neuropsychiatry | Psychiatry | Neurological Disorders | Neuroscience | Bipolar Disorders | Cognitive Neuroscience | Alzheimers Disease | Depression | Psychotherapy

Session Introduction

Session Chair

Giulio Maria Pasinetti
Icahn School of Medicine
USA

Session Co-chair

**Ann Marie
Leonard-Zabel**
Curry College, USA

- Title: Treatment of restless legs syndrome with selenium**
Jan Ulfberg, Uppsala University, Sweden
- Title: Effects of a unique sound stimulation auditory training program on depressive**
Amir H Yassari, Northwestern University, Germany
- Title: Modern management of bipolar depression**
Tariq A Munshi, Queens University, Canada
- Title: Neuroprotective role of a small peptide derived from neuronal cell cycle like kinase (Cdk5) activator (p35)**
Harish Pant, National Institutes of Health, USA
- Title: Assessment of effort and exaggeration during the neuropsychological examination**
Bob Gant, Institute for Clinical Neurosciences, USA
- Title: Family caregiver burden and relapse rate of their patients with schizophrenia**
Sawsan Kamal Khalil El Galad, King Saud bin Abdulaziz University for Health Sciences, KSA

TREATMENT OF RESTLESS LEGS SYNDROME WITH SELENIUM

Jan Ulfberg

Uppsala University, Sweden

A highly researched area to find an Etiology and treatment for restless legs syndrome (RLS) is the brain dopamine system. It is also claimed that hypoxia, due to decreased peripheral blood flow, might at least partially cause the characteristic unpleasant symptoms in RLS. Selenium has a strong anti-oxidant action and is a regulator of dopamine function as well. Three female patients, aged 25-60, were all suffering from severe to very severe RLS since childhood. Severity was measured by using the International Restless Legs Scale (IRLS), a 10-item questionnaire. Their scores of the IRLS were between 25 and 38. All 3 patients started to take selenium yeast 100 micrograms daily. Six months later the patients presented at the clinic and were re-assessed. Their RLS symptoms were substantially reduced to "moderate", represented by their IRLS scores of 10 to 18. All patients reported independently from each other that they did not experience any changes initially, but after four months of treatment, there was a steady reduction of their RLS-related symptoms. In the literature there is only one earlier report of selenium treatment in RLS. In a placebo-controlled trial, *Rahimdel et al.*, showed RLS symptom-relieving benefits of selenium salt, taken orally, 50 or 200 micrograms per day. It might be hypothesized that selenium may reduce the symptoms of RLS as selenium may work on the function of the dopaminergic system. It is known that RLS-patients are under oxidative stress. Thus, given the fact, that selenium is a potent antioxidant, its mechanism of action could as well be related to its ability to neutralize the reactive intermediates. Another possible working mechanism could be through the positive effect selenium has on endothelial function. To explore the efficacy of selenium in RLS, future randomized clinical trials would be of great interest and value.

BIOGRAPHY

Jan Ulfberg is an Ass. Professor at Uppsala University, Sweden, has been dedicated to sleep research during recent 30 years, with a special interest in restless legs syndrome (RLS), even named Willis-Ekbom Disease. The focus of this research has been on the epidemiology and the pathophysiology of this disease.

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Note:

EFFECTS OF A UNIQUE SOUND STIMULATION AUDITORY TRAINING PROGRAM ON DEPRESSIVE

Amir H Yassari

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Patients with psychiatric diseases and depression in particular show deficits in cognitive (e.g. executive function) as well as social cognitive abilities (e.g. mentalizing). These deficits lead to interpersonal problems making it difficult to build relationships, thus reinforcing social seclusion and accentuating the burden of depressive symptoms. Add-on therapies supporting standard treatment, such as metacognitive therapy, have shown their efficacy in improving cognitive and emotional fixations in patients with depression (PD). Further interventions based on music (e.g. music therapy and auditory training) have gained an important role in the last decade. Especially auditory training promises to enhance the function of the ear and brain and by extension a patient's active listening skills or mindfulness. Yet no study has systematically investigated the effects of auditory training on mindfulness and the betterment of symptoms in PD. For the first we have studied the effect of a unique sound stimulation auditory training program. We believe that our case study illustrates that auditory training has a significant effect on mindfulness and by extension on measurable behavioral outcomes in terms of social cognitive (theory of mind and meta cognitive abilities), and neurocognitive abilities (attention span, executive function) and consequently social interactions thus reducing depressive symptoms. With this case study we present a unique, practical, cost-effective add-on therapy with no adverse effects that can be effectively and efficiently administered to PD to reduce the burden of disease.

BIOGRAPHY

Amir H Yassari has finished his medical school in Vienna and has researched at Northwestern University and UC San Diego. He obtained his MSc in Cognitive Neuroscience from King's College London working on social cognition. Currently, he is working in the outpatient care, diagnosing prodromal psychotic patients.

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Tariq A Munshi, J Neurol Neurorehabil Res 2018, Volume 3

MODERN MANAGEMENT OF BIPOLAR DEPRESSION

Tariq A Munshi

Queens University, Canada

In the face of the evidence-based literature bipolar disorder remains a difficult diagnosis, it is usually associated with comorbidities. Many patients report up to 10-year delay from symptom onset to correct diagnosis. It is estimated that 68% of the time they are in the depressive phase and is the cause of severe disability. It is noted the management of the depressive phase of the illness is even more challenging. There are several guidelines available currently for treatment of bipolar depression. The Canadian Association of mood and anxiety disorders came up with guidelines for treatment of bipolar type 2 depression which appears to be relatively unique. The use of atypical antipsychotics is becoming more popular these days compared to the mood stabilizers. In this presentation the speaker will attempt to help the audience achieve the above objectives. Review clinical aspects of bipolar depression and common comorbidities. Overview of current treatment guidelines for bipolar depression and discuss evidence-based treatment options and key considerations for bipolar depression.

BIOGRAPHY

Tariq A Munshi is an Associate Professor in the Department of Psychiatry at Queens University, Kingston, Ontario. At present he is the Clinical Director of the Adult Community Division. He held the position of Clinical Director of the Acute Inpatient Unit between 2013 and 2016. He is a Lead Psychiatrist for the Assertive Community Treatment Team since 2009. He had joined the department as an Assistant Professor in March 2009 and was promoted to Associate Professor in July 2015. He trained in the University College of London, Camden and Islington Training Scheme Rotation. He did Medicine from Karachi, Pakistan practiced in Medicine and Family Medicine before going to the United Kingdom. He is interested in Schizophrenia, Severe Mental Illness and its management have done research on Antipsychotics, Severe Mental Illness and its relation to Metabolic Syndrome. He has presented in several national and international conferences since 2013.

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NEUROPROTECTIVE ROLE OF A SMALL PEPTIDE DERIVED FROM NEURONAL CELL CYCLE LIKE KINASE (CDK5) ACTIVATOR (P35)

Harish C Pant

National Institutes of Health, USA

Cdk5 is a member of cyclin-dependent kinases. It is unique among Cdk family of kinases; it is not activated by cyclins but is activated exclusively by the brain-specific p35/p25 proteins. It is a multifunctional protein kinase constitutively active in nervous tissues. It is implicated in ameliorating various neurodegenerative diseases phenotypes including AD. Cdk5, (Cdk5/p35), activity is tightly regulated and essential for nervous system development and neuronal functions. Emerging evidence suggests that its deregulation and hyper activation due to neuronal insults produced p25 and accumulation and aggregation of synaptic and cytoskeletal proteins in neuronal cells forming early stages of neurofibrillary tangles, plaques, Lewy bodies inclusions. These aggregated proteins and peptides are the hallmarks of AD, PD and ALS pathologies. On the basis of a large number of studies we have proposed Cdk5/p35 is a physiological and Cdk5/p25 is pathological target. To reduce the pathological phenotypes *in situ* / *in vivo* we discovered p5, a 24-amino acid truncated peptide from Cdk5 activator protein, p35, selectively inhibited the deregulated and hyperactive active Cdk5, (Cdk5/p25), induces pathology, but not Cdk5, (Cdk5/p35), kinase essential for nervous system development, function and survival. Recently it has been provided sufficient information that a modified truncated 24-amino acid peptide (TFP5), derived from the Cdk5 activator p35, penetrates the blood-brain barrier upon intraperitoneal injections (ip), inhibits significantly abnormal Cdk5 hyperactivity, and rescues significantly, AD pathology (up to 70–80%) in 5XFAD, p25Tg AD model. In addition, MPTP induced phenotypes in Parkinson's disease model mice. The present talk will provide the molecular and cellular basis of the selectivity of these two forms of kinases, Cdk5/p35 and Cdk5/p25, physiological and pathological behavior of Cdk5/p35 and Cdk5/p25 kinases. We propose, TFP5 may be able to ameliorate several phenotypes in different neurodegenerative disease.

BIOGRAPHY

Harish C Pant has received his MA and PhD degrees in Physics from Agra University, Agra, India. His postdoctoral studies were conducted on the mechanisms of electron and ion transport in model membrane systems at the Department of Biophysics at Michigan State University. He joined the Laboratory of Neurobiology in the NIMH as a Senior Staff Fellow in 1974 with Ichiji Tasaki where he studied the function of the axonal cytoskeleton in the squid giant axon. In 1979, he moved to the NIAAA extending his studies on the neuronal cytoskeleton and the effects of alcohol on its regulation. He moved to the NINDS, Laboratory of Neurochemistry in 1987, where he is presently Chief of the section on cytoskeleton regulation. His laboratory is studying the mechanisms of topographic regulation of neuronal cytoskeleton proteins by post-translational modification, including the role of kinase cascades in normal brain and during neurodegeneration.

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Bob Gant, J Neurol Neurorehabil Res 2018, Volume 3

ASSESSMENT OF EFFORT AND EXAGGERATION DURING THE NEUROPSYCHOLOGICAL EXAMINATION

Bob Gant

Institute for Clinical Neurosciences, USA

Clinicians who evaluate patients with neurological disorders including head injuries are often challenged to determine if the patient is providing poor effort or exaggerating symptoms. Rapid advances have assisted in this effort and there are multiple tools available now to assist the clinician in their assessment. These tools will be the focus of this presentation.

BIOGRAPHY

Bob Gant is a board-certified Clinical Neuropsychologist with extensive professional experience as a treating and Forensic Neuropsychologist, including the assessment of and treatment of brain injury and PTSD. He completed a clinical internship at the University of Kansas Medical Center and is the past President of section II of the APA Division of Clinical Psychology. He is a licensed Psychologist in two states (Colorado and Texas) in the United States. He is on the board of the American Board of Professional Neuropsychology (ABN) and Director of an approved Residency program in Clinical Neuropsychology (ACPN) in Boulder Colorado and Dallas, Texas.

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FAMILY CAREGIVER BURDEN AND RELAPSE RATE OF THEIR PATIENTS WITH SCHIZOPHRENIA

Sawsan Kamal Khalil El Galad

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The family has thus become an important agent affecting the patients' mental conditions and the course of recovery. Conversely, the patients also create enormous hardship for their family. Is viewed as crucial to patients' relapse. Identifying aspects of family functioning contributing to relapse of the patients and the support required to strengthen the families is therefore of great concern to mental health practitioners. The present study aims to investigate the relation between family's burden in living and the relapse rate of their patients with schizophrenia.

Subjects: 150 schizophrenic patients who were attending the previously mentioned setting; and 150 convenient family caregivers who accompany their patients. A socio-demographic and clinical data structured interview schedule for schizophrenic patients and their caregivers. Hardship of living. The scale consists of 16 items covering five areas of living: physiologic life, working life, leisure and cultural life, social life, and plans for the future. The scale is rated on a three-point Likert type scale (very much, somewhat, no). Responses are summed to give a score ranging from 16 to 48 with higher scores reflecting higher hardships in the living of the family. In this study the relapse rate was calculated based on the average periodicity by which the patient is rehospitalized. This was achieved by dividing the total duration of illness in years by the number of rehospitalization to get the average frequency/ periodicity of relapse.

Results: 64 percent of the patients had a history of relapse. The majority of caregivers (88%) were obliged to fund the patient, 66% claimed having financial burden, Majority of the studied caregivers (81.3%) had high family burden. The incidence of relapse was found to occur 3.3 more times when caregivers were complaining of hardship, and to occur 1.7 times when negative family attitudes are prevalent among family caregivers.

BIOGRAPHY

Sawsan Kamal Khalil El Galad is graduated from university of Alexandria Egypt Faculty of Nursing BNSc. He is a faculty of Nursing, University of Alexandria, June 1998, Nursing and MNSc Faculty of Nursing, University of Alexandria, August 2007, Psychiatric Nursing and Mental Health. He holds an excellent degree with DNSc Faculty of Nursing, University of Alexandria, April 2013, Psychiatric Nursing and Mental Health. Present employment. He worked as Assistant professor of Psychiatric Nursing and Mental Health, King Saud bin Abdulaziz University for Health Sciences:19/10/2015 up till now. His previous employments includes : 1-Lecturer of Psychiatric Nursing and Mental Health, Alexandria University, Egypt.

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DAY 2

Scientific Tracks & Abstracts

Day 2

SESSIONS

June 29, 2018

Neuropathic Pain | Cognitive Neuroscience | Autism | Neurology | Neuro Immunology | Traumatic Brain Injury | Neurodiagnostic studies | Multiple Sclerosis | Mental Health | Neurosurgery | Neuroprotective Measures

Session Introduction

Session Chair

Mervat Wahba
University of Tennessee
USA

Session Co-chair

**Ann Marie
Leonard-Zabel**
Curry College, USA

- Title: **Difference participation of Korean female physical activity by life cycle**
Younshin Nam, Duksung Women's University, South Korea
- Title: **Mind-body medicine**
Sanjoy Mukerji, Kandivali Medical Association, India
- Title: **Scientific values of blueberries intake on TAS, inflammatory factors, and exercise performance**
Yi Sub Kwak, Dong-Eui University, South Korea
- Title: **Computational modelling for cognition expansion: Making the invisible visible**
Alice Marascu, Nokia Bell Labs, Ireland
- Title: **Strategy of petrous meningiomas surgery**
Mohamed Ahmed Fahmy Zeid, Alexandria University, Egypt
- Title: **Immunological grounds on exercise-induced food and physical allergies**
Yi Sub Kwak, Dong-Eui University, South Korea
- Title: **Anxiety and depression in patients with whiplash in auto accident**
Katerina Stambolieva, Institute of Neurobiology, Bulgaria

DIFFERENCE PARTICIPATION OF KOREAN FEMALE PHYSICAL ACTIVITY BY LIFE CYCLE

Younshin Nam¹ and Hankyo Seo²

¹Duksung Women's University, Republic of Korea

²Shinhan University, Republic of Korea

The frequency of physical activity and participating sport are different from the life cycle of women in Korea. Women in their teens, 20's and 30's have a significantly higher rate of 'never doing physical activity'. The lack of physical activity can lead to a health threat. Women in their teens and 20's say that physical activity makes muscles and skeletons male-like and it makes hard to maintain their beauty (Nam Younshin, Ju Seung-hee, 2012). Women have different life cycle characteristics. Women experience different physical and mental experiences from men such as menstrual period, pregnancy period, childcare period, menopause period. At this level, women's physical activity policies must be developed and promoted with considering women's life cycle characteristics. The purpose of this study is to promote for regular physical activity as women's life cycle.

Methods: 2016 data from the Ministry of Culture, Sports and Tourism survey on participation in the national sports were recycled. The subjects of this study were 4,569 Korean Women. The 647 women were in their teens and 635 women in 20's. 792 women were in their 30's and 854 women in 40's. The 711 women were in 50's, 453 women in 60's and 477 women in over 70's.

Results: The percentages of "never doing physical activity" are 35.7% in 10's, 36.4% in 20's, 38.6% in 30's, 28.5% in 40's, 25.3% in 50's, 30.1% in 60's, and 42.2% in over 70's. The percentages of "once a week" are 16.2% in 10's, 8.0% in 20's, 6.8% in 30's, 6.0% in 40's, 6.3% in 50's, 5.3% in 60's, and 4.7% in over 70's. The percentages of "twice a week" are 15.8% in 10's, 10.5% in 20's, 10.1% in 30's, 9.6% in 40's, 10.9% in 50's, 9.9% in 60's, and 14.6% in over 70's. The percentages of "three times a week" are 13.0% in 10's, 17.6% in 20's, 17.2% in 30's, 23.3% in 40's, 19.6% in 50's, 22.2% in 60's, and 12.3% in over 70's. The percentages of "four times a week" are 2.4% in 10's, 5.2% in 20's, 3.9% in 30's, 4.0% in 40's, 6.5% in 50's, 3.9% in 60's, and 4.1% in over 70's. The percentages of "five times a week" are 4.9% in 10's, 9.3% in 20's, 9.2% in 30's, 12.5% in 40's, 13.4% in 50's, 10.6% in 60's, and 3.1% in over 70's. The percentages of "six times a week" are 0.7% in 10's, 1.6% in 20's, 1.6% in 30's, 2.3% in 40's, 2.5% in 50's, 3.6% in 60's, and 3.6% in over 70's. The percentages of "doing physical activity everyday" are 1.8% in 10's, 0.5% in 20's, 1.4% in 30's, 2.5% in 40's, 4.8% in 50's, 4.0% in 60's, and 7.1% in over 70's. The most participating physical activity in teenagers was jump rope. Walking, body building, yoga were in dominant physical activities in 20's and 30's. Walking was the most common physical activity in the 40's, 50's, 60's and over 70's.

Discussion: In order to improve the health and fitness of women, to improve

their quality of life, and relieve their stress, women's sports policies are required for each lifecycle.

BIOGRAPHY

Younshin Nam is currently working at Duksung Women's University in Seoul, Korea. During 2015 February till now she became Director of Seoul Sports Council. During 2012, January to till now she is working as Advisory Committee of Korean Sports and Olympic Committee and Vice-President of Korean Society of Sport Policy also as Vice-President of Korean Sport Exercise Physiology.

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MIND-BODY MEDICINE (TREATMENT FOR PSYCHOSOMATIC DISEASES)

Sanjoy Mukerji

Kandivali Medical Association, India

Mind-body medicine explores the interconnection between the mind and body, under the premise that the mind affects “bodily functions and symptoms.” As per the University of Maryland Medical Center, mind-body medicine uses the power of thoughts and emotions to influence physical health. As Hippocrates once wrote, “The natural healing force within each one of us is the greatest force in getting well.” This is mind-body medicine in a nutshell. The term “psychosomatic disease/disorder/illness” is mainly used to mean “a physical disease that is caused, or made worse, by mental factors.” The term is also used when mental factors cause physical symptoms but where there is no physical disease. For example, chest pain may be caused by stress and no physical disease can be found. Some physical diseases are prone to be made worse by mental factors such as stress and anxiety. At any given time, a person’s mental state can affect the degree of severity of a physical disease. Physical symptoms that are caused by mental factors are also called somatization or somatoform disorders. These symptoms are due to increased activity of nervous impulses sent from the brain to various parts of the body. There is a deep connection between the mind (beliefs, thoughts and emotions) and the different parts of the body and physical problems. A number of factors may play a role in psychosomatic disorders, such as personality traits; genetic or environmental family influences; biological factors; learned behavior and more. When one is not at ease, that means there is some kind of dis-ease; and disease can be reversed (completely or to a great extent) by simply reversing or changing mental/thought patterns, and at times by adding some physical exercises and changing some food habits. According to Dr J A Winter, the psychosomatic illness is one of function, rather than of structure, although structural changes may occur later. It is based on some past experience, usually painful. This illness seems to arise from problem situations and from words (reflection of thoughts), rather than from actual injuries, or infection.

BIOGRAPHY

Sanjoy Mukerji is a Gold Medalist plus National and International Award-Winning Psychologist in Mumbai. He has done his Post Graduate Diploma in Psychological Counseling from the Institute for Behavioral and Management Sciences, India. Moreover, he has completed his Degree of Doctorate in Philosophy (Alternative Medicines) from the Indian Board of Alternative Medicines, established under the World Health Organization (WHO). In the field of alternative medicines, he has researched and specialized in mind-body medicine. His counselling and therapies are based on the principles that our mind affects our three Bs: brain (mental health); body (physical health) and behavior (social health).

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Note:

SCIENTIFIC VALUES OF BLUEBERRIES INTAKE ON TAS, INFLAMMATORY FACTORS AND EXERCISE PERFORMANCE

Yi Sub Kwak

Dong-Eui University, South Korea

Blueberries contain polyphenolic compounds (mainly anthocyanins) that can improve immune responses with antioxidant, anti-inflammatory, and anti-neurodegenerative effects. They also can relieve fatigue associated with exercise. In addition, some studies have suggested that supplementation of blueberry has effect on oxidative stress, NK (natural killer) cell counts, and inflammation after 2.5h of running. Blueberry intakes can also facilitate recovery from eccentric exercise-induced muscle damage using animal models. Based on previous studies, we hypothesized that blueberry supplementation might improve exercise performance time and recovery rate with anti-inflammation and anti-oxidant effects following exhaustive exercise. Eight young active participants were recruited from the Department of Physical Education in D university at B city. They were divided into two periods: non-supplemented period and supplemented period. Vo2 max and exercise performance time of participants with or without blueberry supplementation were measured with a portable gas analyzer and ECG, respectively. Vo2 max and exercise performance time were increased in the blueberry supplementation period. IL-6 and CRP levels were significantly lowered in blueberry supplementation period following exercise. Our results demonstrate that blueberry supplementation can increase exercise performance and decrease IL-6 and CRP levels caused by increased TAS level.

BIOGRAPHY

Yi Sub Kwak Educational information includes: BS, 1992, MS, 1994, PhD, 2000, Yonsei University, Korea; Research Fellow, Yonsei University College of Medicine, 2000-2002. He was appointed as: Professor, 2003-, he also held a position as Head of Institute of Sport Science, 2007 he held a position of Chair, Graduate School and Department of Physical Education, 2009-, Dong-Eui University; Managing Editor, Journal of Life Science, Busan, 2007-. Publications: Numerous articles in professional journals (in the fields of exercise science, exercise immunology, exercise nutrition, health and science and so on). His honours includes: Best professor in Dong-Eui University, 2005-2016; Excellence award, Beijing International Convention of Sports Science, 2006, he also received excellence Award, Yaubian International Convention of Sports Science, 2007. He is a visiting Fellow of Harris Manchester College, University of Oxford, 2008.

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COMPUTATIONAL MODELLING FOR COGNITION EXPANSION: MAKING THE INVISIBLE VISIBLE

Alice Marascu and Alessandra Sala

Nokia Bell Labs, Ireland

Artificial intelligence is reshaping our world and we assist at unpreceding acceleration rates in numerous human activities. The core goal is the expansion of the human cognition, from its internal expansion (cognitive psychology) to its external expansion (social cognition). Understanding the complexity of the human brain and replicating its functionalities has been the goal of many scientists, and today, more than any time in the scientific history, the researchers are working on a more ambitious step of amplification and augmentation of cognition capabilities. We looked at the deep mental process triggering the human behaviour and building our personal behavioural print. We translated and adapted core psychology theories of human cognition into computational models. A digitisation of the mental processes opens the door to building a better self for self-cognitive capacities expansion, and equally important, a better relational self for augmented social cognition. We were interested in our personalised cognitive behavioural print and how it impacts our cognitive expansion. We will present our computational modelling and how we are testing it in real world applications.

BIOGRAPHY

Alice Marascu is a Senior Research Scientist at Nokia Bell Labs. Previously, she was a Research Scientist at IBM Research-Ireland and held post-doctoral research roles at University of Trento-Italy, and INRIA Rennes Bretagne Atlantique-France. Her research spans natural language processing, large scale streaming data processing, large scale complex pattern recognition and mining, time series analysis. She has given multiple talks to industrial and academic audiences and published results in main conferences in the areas of big data, data mining, machine learning, query answering (VLDB, PVLDB, SIGMOD, Big Data Conference, etc.).

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STRATEGY OF PETROUS MENINGIOMAS SURGERY

Mohamed A Fahmy Zeid

Alexandria University, Egypt

Objective: Petrous meningioma are benign lesions their total surgical excision is the only method for Complete Cure. However, their excisions are confronted by deep location and critical anatomical relation and exact site of origin from the Petrous bone. This study was conducted to plan a surgical strategy based on the site of attachment of the lesion in the Petrous bone.

Methods: 25 were studied pre-operatively by neuro- imaging especially magnetic resonance imaging (MRI). To classify the types of petrous meningioma, all cases were studied operatively for the extent of the tumor removal while clinical status and the follow up and histopathological verification were evaluated.

Results: Radical surgical removal was achieved in 18 patients (72%), subtotal removal in four cases (16%) and incomplete removal in another three cases (12%).

Conclusion: Complete surgical excision of the petrous meningioma can be planned pre-operatively depending on the exact site of the attachment to the petrous bone. There were four different zones on the surface of petrous bone on which different type of surgical approach can be used to achieve a better result about the safety of the patient and the extend of the excision of the petrous meningioma's.

BIOGRAPHY

Mohamed A Fahmy Zeid is a Professor of Neurosurgical Department, Faculty of Medicine at Alexandria University, Egypt and, he is the President of Egyptian Society of Brain and Skull.

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IMMUNOLOGICAL GROUNDS ON EXERCISE-INDUCED FOOD AND PHYSICAL ALLERGIES

Yi Sub Kwak

Dong-Eui University, South Korea

Purpose: It is well known that physical activity is beneficial for people with positive results for physical status and mental wellbeing. However, physical exercise decreases the immune response and may induce an allergy anaphylaxis at some situation as follows. A common example is exercise-induced asthma, exercise-induced urticaria, exercise-induced anaphylaxis and FDEIAn. Generally, anaphylaxis is a severe, potentially fatal, hypersensitivity reaction of rapid onset. It is a dramatic clinical emergency. There are lots of etiologic factors of anaphylaxis, the principal immunologic triggers are foods, insect stings, and drugs. In recent, physical exercise is also related with the anaphylaxis. In this paper, we present the current views of physiological mechanisms underlying physical anaphylaxis within the context of exercise immunology. we also deal with a detailed two kinds of EIA (exercise-induced asthma, exercise-induced anaphylaxis) and exercise prescription and medical treatment for exercise-induced asthma, exercise-induced anaphylaxis and CU (chronic urticaria).

Methods: At first, we analysed and presented the causes, symptoms, pathophysiology, testing, treatment and prescription of exercise-induced asthma, exercise-induced urticaria, exercise-induced anaphylaxis and FDEIAn through many experiments and references.

Results: Exercise-induced asthma is a typical asthmatic attack which follows a strenuous exercise lasting five to 10 minutes in circumstances of dry and cold air situation. Avoid of exercise in that conditions and drug treatment (beta-2 adrenergic agonists) must preferentially be preventive. Physical urticarias are a unique subgroup of CU in which patients develop urticaria secondary to environmental stimuli. Common triggers include cold and heat temperature, water, sunlight and even physical exercise. it is responsible for approximately 20-30% of all cases of chronic urticaria. FDEIAn is induced by different types and various intensities of physical exercise, and this is distinct from food allergy. It is useful to test both *in vivo* and *in vitro* an extensive panel of foods. Avoidance of allergenic foods for at least four hours before exercise has prevented further episodes in all our patients with specific FDEIAn.

Conclusion: It is concluded that anaphylaxis remains a continuous challenge for the diagnosis and treatment. The adequate management of anaphylaxis requires rapid diagnosis, implementation of primary and secondary prevention measures, and immediate administration of subcutaneous epinephrine. Furthermore, patient education is necessary to heighten awareness of the sign and symptoms of two kinds of EIA and FEDIAN.

BIOGRAPHY

Yi Sub Kwak Educational information includes: BS, 1992, MS, 1994, PhD, 2000, Yonsei University, Korea; Research Fellow, Yonsei University College of Medicine, 2000-2002. He was appointed as: Professor, 2003 he also held a position as Head of Institute of Sport Science, 2007 he held a position of Chair, Graduate School and Department of Physical Education, 2009-, Dong-Eui University; Managing Editor, Journal of Life Science, Busan, 2007-. Publications: Numerous articles in professional journals (in the fields of exercise science, exercise immunology, exercise nutrition, health and science and so on). His honours includes: Best professor in Dong-Eui University, 2005-2016; Excellence award, Beijing International Convention of Sports Science, 2006, he also received excellence Award, Yauban International Convention of Sports Science, 2007. He is a visiting Fellow of Harris Manchester College, University of Oxford, 2008.

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ANXIETY AND DEPRESSION IN PATIENTS WITH “WHIPLASH” IN AUTO ACCIDENT

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Background: Whiplash is a specific type of neck injury that is caused by a auto accident. The term “whiplash” is used in neck injury during by a sudden collision of the car cause to quick movement backwards a head and hyperextension then hyperflexion of the neck. Whiplash is one of those injuries that does not develop right away. Approximately 12 to 24 hours after the accident, however, might to appear vestibular symptoms such as dizziness and / or vertigo, nausea, vomiting, blunt headaches, tinnitus, sometimes hearing loss, blurred vision and difficulty of concentration. Usually this turbulent and sudden symptomatic provoke a high degree of anxiety and depression in these patients.

Aim: The aim of this study was to evaluate the effect of 30 day treatment of vestibular symptoms on the symptoms of anxiety and depression after whiplash.

Patients and Methods: 35 patients (24 male, mean-aged 37.7 ± 11.2 and 11 women, mean aged 45.1 ± 13.4) took part in this investigation. All patients were without acute injuries and were diagnosed by clinical psychiatrist about absence of other psychiatric symptoms. The change in neurotological symptomatic was assessed based on standard clinical neurotological investigations. The degree of anxiety and depression was assessed by a HADS scale on the 3rd, 10th and 30th day after the accident.

Results: At the start of the study, a high level of anxiety was noted (HADS_A mean score 13.2 ± 3.7) and depression (HADS_D - 7.6 ± 2.1). At the 10th day of the therapy, a significant improvement in neurotological status of 53% of patients was observed, but complaints of mild dizziness and / or vertigo and unstable balance continue to exist, the level of anxiety and depression on the 10th day of the treatments was not reduced. An additional therapy appointed from a clinical psychiatrist together with otological treatment was included for this patient’s group. On 30th day of treatment, vestibular dysfunction was in range typical for physiological for age. The postural instability decreased. Bad equilibrium was observed during stance with closed eyes only. A significant reduction of symptoms of anxiety and depression was found (HADS_A - mean score 8.1 ± 3.5 and HADS_D - 6.4 ± 2.8).

Conclusion: The current study shows that timely, adequate and comprehensive treatment of vestibular dysfunction and the symptoms of anxiety and depression improve faster the quality of life of patients with whiplash after auto accident.

BIOGRAPHY

Katerina Stambolieva is Associate professor of physiology at the Institute of Neurobiology at the Bulgarian Academy of Sciences. Her scientific interests are in the field of neurophysiology, posture and equilibrium, prevention and treatment of diseases of the peripheral nervous system, motor and cognitive behavior, and vestibular rehabilitation.

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