



OUR BODY HAVE BEEN TALKING...AND NOBODY IS HEARING

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Abstract:

INowadays, several health conditions rule people's ordinary life and markets, but on the other hand, innovation focused on the social sector reflects on the advances achieved in recent years thanks to new concepts based on the combination of this knowledge and on how they can develop alongside technologies to help improve people's quality of life.

In the last decades people have been deciding their uses and customs with a very strong influence given by media and market driving factors with a low level of analytical method applied to really improve the healthiness of living style. For thousands of years now, science has been trying to develop solutions to improve and extend the human being health condition. In the last decades the result of this efforts showed up modifying considerably the demographic pyramids worldwide in terms of the increasing longevity. Hence, this permanent population aging and growing is dramatically impacting all markets and industries such as accommodation, transportation, food, dressing, health insurance, health treatment budget, communication, sports and entertainment, among others.

Our R&D Company is working on the development of new medical technology combining CIT and AI, new biomaterials, nanotechnology and MEMS. Our leading inventions are the creation of three medical devices, two of them implantable and one not implantable prescribed for: 1-urinary bladder dysfunction, 2- post craniectomy surgery and 3- surveillance for long term care in bed. These devices are capable of offering permanent parameters monitoring, which are on real time transmitted to the user's personal mobile and specialist's cellphone. It is necessary to process all the collected data at the cloud with artificial intelligence in order to find out new solu-



tions to the mentioned health and market profiles that at this time are requiring a better way to be solved.

Considering people suffering from bladder dysfunction, post craniectomy follow up and long term stay in bed, the current standard of care offers just data at the time to perform specific studies, when attending an appointment to the specialist office, or by performing complex and expensive diagnosis processes. These methods reflex the condition that each targeted system has at the time of the referred procedure is performed, but no data is obtained regarding others important statistical data such us relationship between drug prescription timing and their effects on monitored patients, cost effective real time rates and statistics, patient related habits, dressing styles, doing sport schedule/sedentarism habits, etc.

Biography:

Doctor of Medicine with solid clinical background and extensive experience in the Clinical Research arena. Board certification in General Surgery in Argentina and Spain. Thirty years of clinical practice experience in General Surgery and Critical Care, with twenty years of experience in Vascular and Thoracic Surgery. Fifteen years of Clinical Research experience in SNC, Cardiovascular and Oncology therapeutic areas, as well as experience in research involving implantable Medical Devices..

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