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2nd Annual Meeting on

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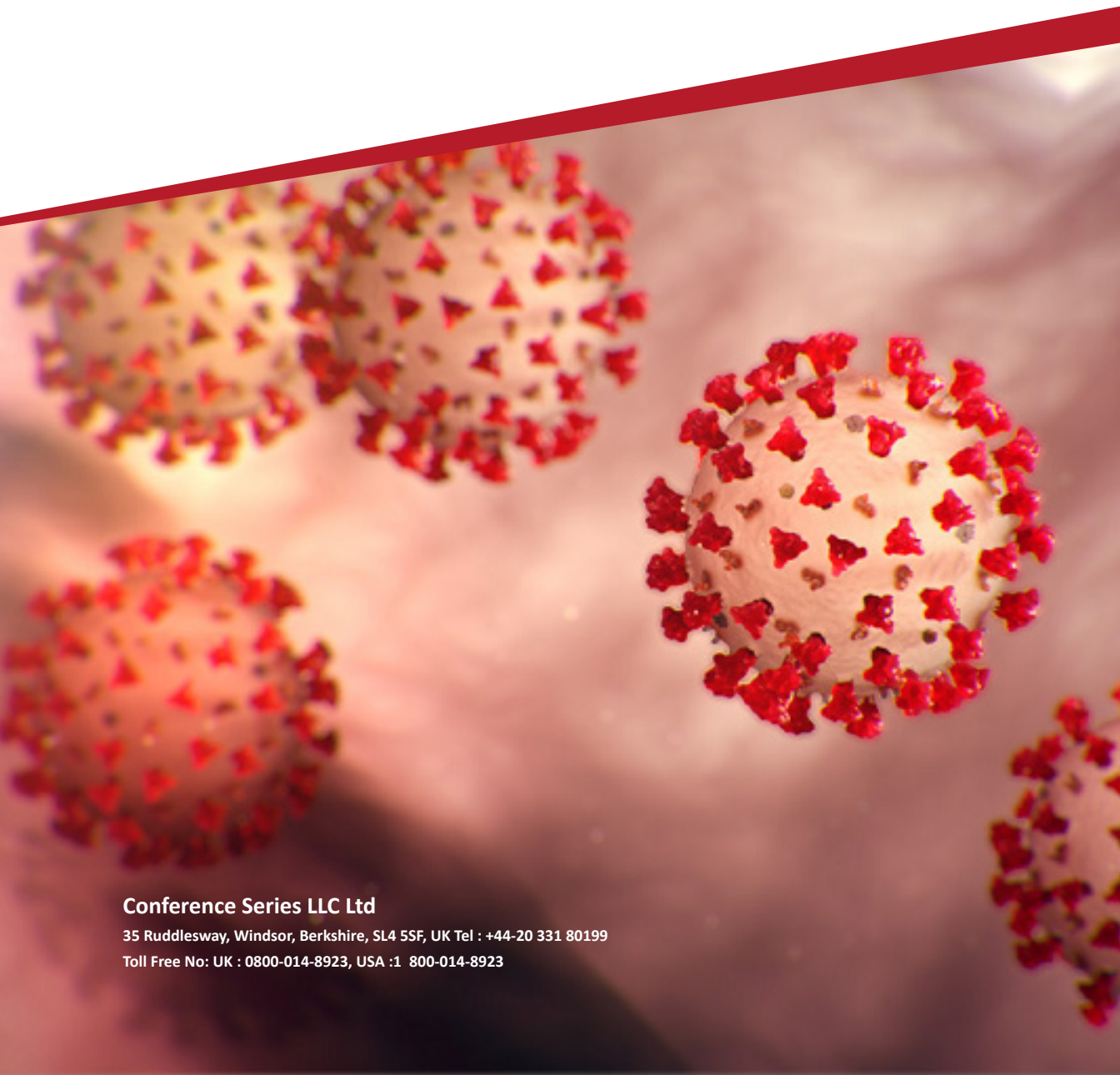
March 04, 2021 | Webinar



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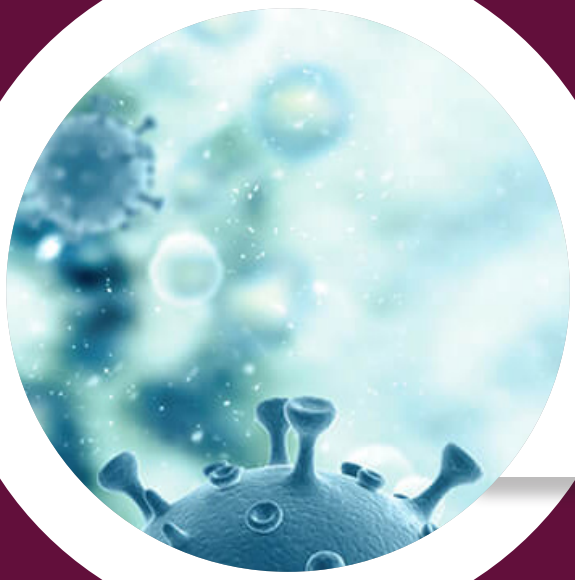

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KEYNOTE FORUM

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Huang Wei Ling
Medical Acupuncture and Pain Management Clinic, Franca, São Paulo, Brazil

Are We Vaccinating Immunocompetent or Immunocompromised People for COVID 19?

Introduction: Since January 2020, Chinese scientists shared the SARS-CoV-2 genomic sequence and approximately, 321 research groups begin the search for vaccine since then. The CDC notes that immunocompromised patients may receive the vaccines so long as they have no contraindications to vaccination, but that they should be counseled about the unknown safety profiles of the vaccines in immunocompromised populations.

Purpose: the purpose of this study is to demonstrate that the majority of the patients that the author is attending nowadays is in the category of immune compromised patients. Methods; the author did radiesthesia procedure to measure the energy of the seven chakra of 1000 patients during 2015 to 2020. Doing this measurement, the author was measuring the energy of the five massive organs in traditional Chinese medicine, responsible for the production of energy Yin, Yang, Qi and Blood, important to maintenance of health in the human body and the production of Zheng-Qi, that is responsible for the protection of the body against the invasion of external pathogenic factor, in this case SARS-CoV-2.

Results: the result of this study is that more than 90 percent of the patients analyzed were in the lowest level of energy, meaning that their immune system are compromised because energy in TCM means immune system.

Conclusion: to vaccinate people from COVID 19 nowadays, it is important to analyze the energy of each person before doing the vaccination because, according to the research made by the author, more than 90 percent of her population were in the lowest level of energy, meaning that they all have immune system very compromised.

Biography

Huang Wei Ling, born in Taiwan, raised and graduated in medicine in Brazil, specialist in infectious and parasitic diseases, a General Practitioner and Parenteral and Enteral Medical Nutrition Therapist. Once in charge of the Hospital Infection Control Service of the City of Franca's General Hospital, she was responsible for the control of all prescribed antimicrobial medication and received an award for the best paper presented at the Brazilian Hospital Infection Control Congress in 1998. Since 1997, she works with the approach and treatment of all chronic diseases in a holistic way, with treatment guided through the teachings of Traditional Chinese Medicine and Hippocrates. Researcher in the University of São Paulo, in the Ophthalmology department from 2012 to 2013.

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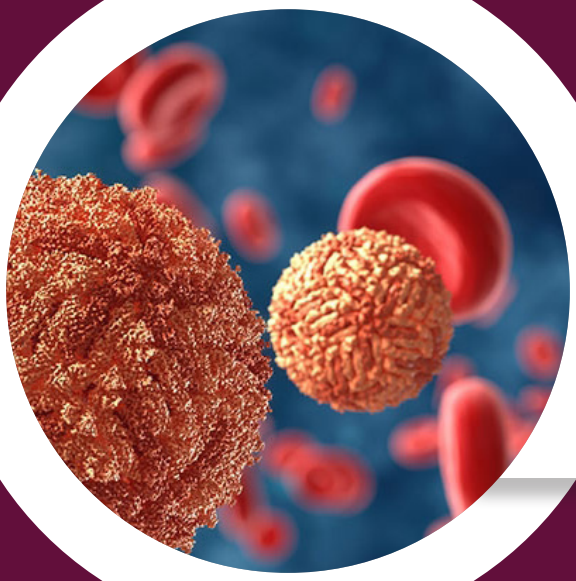

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SCIENTIFIC TRACKS & ABSTRACTS

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The major factors associated with increased dog population vis-a-vis spread of rabies within Srinagar district of Kashmir Valley, India

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Background: Information regarding open garbage dumps may cause public health dilemma within the community and cause stray dog proliferation. Most wastes have a family origin and stray dogs are largely attracted by possible wastes from cookery or former foods. The information, besides as attitudes and perception on rabies, is thus vital for the prevention of human deaths. Information regarding major factors associated with increased dog population can spot awareness gaps which can influence bar practices plus lead to needless deaths.

Methods: Two sources i.e. primary and secondary sources were utilized for identifying the probable factors responsible for increased dog population.

Results: Regarding the major factors associated with increases dog population, the respondents (both the people 99.68% and commercial 100%) believed that open garbage dumps are a public health barrier in the area and commence to stray dog proliferation.

Conclusion: Open garbage dumps are a public health obstacle in the Srinagar area and they commence to stray dogs proliferation. Till date only around 2,000 sterilizations were conducted and also around 2,000 stray dogs were administered the anti-rabies vaccine, however this is too less in comparison with the total population of dogs and still, the ballot of dogs from the particular zones of Srinagar is deficient.

Key words: Dog population, Major factors, Rabies, Srinagar.

Biography

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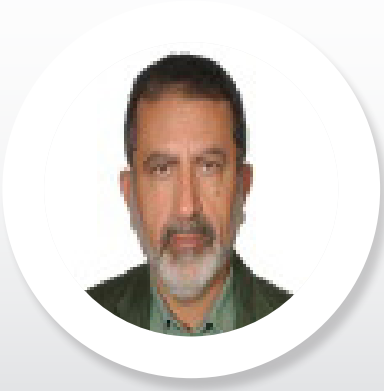
Study of the Iron Chelating Effect of Green Tea in Smear Positive TB Patients using Sputum Smear, Serum Malondialdehyde and Blood Iron Indices



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Green tea with possessing iron chelating properties can be useful in TB treatment and management. We studied the effect of green tea consumption on iron status and improving process of pulmonary tuberculosis treatment (accelerating the negative sputum smear, reducing the level of oxidative stress). Following the approval by Ethics Committee for Human Studies of Golestan and Tehran Universities of Medical Sciences and also obtaining the written consent of patients , this double-blinded randomized clinical trial study, was conducted on patients with TB, who were assigned randomly to the intervention group (41 patients) receiving 500 mg catechin of green tea extract and the control group (39 subjects) receiving placebo for two months, since the beginning of concomitant anti-TB treatment . Sputum evaluation was carried out on three slides using the Ziehl Nelson method. At first, the demographic and dietary intake data were obtained. . After obtaining 10 ml of venous blood, Hemoglobin (Hb), Transferrin, Ferritin, Total iron binding capacity (TIBC), Iron and Serum malondialdehyde (MDA) were measured at the beginning and end of the study. Sputum samples were collected from the third week (every 10 days) and the reduction of microbial load was also tested until sputum smear became negative.Data were processed using independent and paired t-test, McNemar, Wilcoxon, Kaplan-Meier, Log-rank test and Cox regression model. P-value was taken significant as <0.05. Average daily energy intake of patients was 1518±431 kcal, distribution of which was as follow: carbohydrates (58%), protein (17%) and fat (22%).Vitamin D and Zinc intake of patients were less and iron intake was higher than the DRI. Weight changes in both groups of placebo and green tea had tendency of increase with a significant difference at two and six month follow ups ($p<0.0001$). However, there were no significant changes due to intervention compared to placebo. Sputum conversion time (days) was 52.5± 24.5 (median= 53 days) and 40.6 ± 22.5 (median= 29 days) in placebo and catechin groups, respectively. The proportion of patients in the green tea group based on criterion of ; the short duration of being negative sputum smear; was significantly higher than the placebo group ($p=0.032$). To measure the mean of iron status after intervention, ANCOVA test showed mean difference level (Pvalue) in both groups for Hb, iron, TIBC, transferrin and ferritin as of: 0.004, 0.56, 0.65, 0.38 and 0.16, respectively which means that increase of hemoglobin in the green tea group was significant compared with the placebo group.

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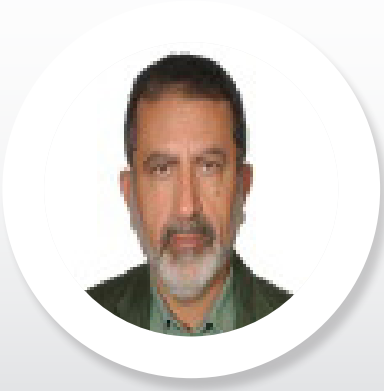

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There was just a 9.2 nmol/ml difference between the two groups for MDA at the beginning of study, which was not statistically significant (p=0.078) whereas, it was increased to 24.8 nmol/ml after the intervention, indicating a significant difference ($p<0.001$). The decline value was estimated -45.45 ± 14.69 nmol/ml for catechin group and -19.91 ± 18.38 nmol/ml for placebo group. In conclusion Green tea can systematically reduce the inflammatory elements and oxidants (decrease of MDA as fatty acids oxidation indicator), and consequently, can improve the hematopoiesis and hemoglobin level. Therefore, localized inflammation and damage in the lung is reduced, and adjunct to antimicrobial therapy, accelerate sputum smear conversion, disease amelioration and treatment improvement. Finally, given the higher iron intake despite of lower micronutrients and macronutrients in diet of our patients, and considering the iron effect on mycobacterium survival and the incidence and exacerbation of inflammatory complications in patients, it seems that policy of mandatory flour fortification with iron, especially in provinces such as Golestan, must be viewed cautiously and its further implementation being revised meticulously.

Biography

Dr. Shahryar Eghtesadi received Bachelor degree in Nutrition Science and Food Chemistry 1975, from Shahid Beheshti University of Medical Sciences, Tehran; MSPH degree in Nutrition, 1977, from Tehran University of Medical Sciences, Tehran and PhD from University of California at Davis(UCD), USA, in Nutrition (1985). He served as Visiting Scientist in USDA Human Nutrition Research Center on Aging (HNRCA), at Tufts University ,Boston, USA (1994-1995); Full professor of Tabriz, Iran and Tehran Universities of Medical Sciences and currently serves as Professor of Azad University, Science & Research Branch . He was the chairs of Departments of Nutrition and Biochemistry, Biochemistry & Clinical Nutrition, Public Health Nutrition and Nutrition in aforementioned Universities. Also Served as Associate Dean and Dean of School of Public Health & Nutrition and School of Public Health of Tabriz and Iran Universities of Medical Sciences respectively.He was selected as distinguished professor and Scientist in preceding universities. For long and extended period of time, experienced teaching various courses in nutrition in undergraduate, graduate and postgraduate and international Bureau programs and directed many projects and dissertations of MS and PhD programs and Published numerous peer reviewed articles in journals and also edited several books and finally served as Principal Investigator of World Bank Project for Capacity Building in Nutrition in Iran.

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Fever is not a symptom in covid-19. None of the diseases require fever as its symptom

Keywords. Symptom Definition, Signals Definition, Symptoms of fever, symptoms of rising temperature

We have been hearing for centuries that 'fever is not a disease but a symptom'. Physicians say that fever is a symptom of diseases like flu to cancer.

The conservative fever definition, diagnosis, and treatments are based on fever as a symptom.

All the studies related to fever as a symptom of a disease have been done without knowing the Purpose of the temperature of fever is.

Without knowing the Purpose of the temperature of fever, how can fever included in the symptom definition?

Temperature between 38o to 41o centigrade can be symptom of a disease?

Most of the diseases may not have a fever. Sometimes it disappears. Then, is fever a symptom of which disease?

Symptom Definition is the only parameter necessary for a Symptom. As with any or all other definitions, symptom definition should describe the symptom scientifically. If it cannot describe clearly, there is no use of a symptom definition. A symptom is a departure from normal function or feeling which is noticed only by a patient, indicating the presence of disease or abnormality. One cannot be understood directly the temperature is elevated in the hypothalamus. A mechanical device is necessary to measure elevated temperature in the hypothalamus. In symptom definition, fever definition can't be found. The elevation of body temperature is not included in symptom definition.

Different cause of diseases never shows the same symptoms.

Different causes of diseases like virus, bacteria, fungi, venom, horror scene, horror dream,... never shows the same symptoms. Its actions are different and sometimes opposite. No similarities can be seen between their actions.

Elevated temperature or increased temperature never make fever or symptoms of fever. It may create hyperthermia.

None of the diseases or causes of diseases require fever as its symptom.

If the mosquito bites its virus, bacteria, venom gets deposited in the body as a result according to nature and strength of Viruses, bacteria, venom symptoms like itching, pain, and signals like colour change, inflammation may occur.

we can see the symptoms, Signals, and indications of the virus, bacteria, the venom which multiple or spreading or damages(disease) the body before fever emerge. Patients who have flu to cancer may not have a fever.

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How can we separate symptoms of the disease and symptoms of fever and symptoms of rising temperatures?

In fever, both symptoms of disease and symptoms of Fever are included. Deduct symptom of disease from total symptoms, we will get symptoms of fever.

(Disease +Fever)- Disease =Fever.

(Symptoms of disease +Symptoms of Fever)- Symptoms of disease =Symptoms of Fever (bitter taste, body pain, fatigue to mind and body, reduced appetite, reduced motion and indigestion, internal and external discomfort,…)

Like that we can separate signs, signals, and actions of both fever and disease.

(Signals of disease +Signals of Fever) - Signals of disease =Signals of Fever(high temperature, shivering, unconscious,....)

(Signs of disease +Signs of Fever) - Signs of disease =Signs of Fever.

(Actions of disease +Actions of Fever) - Actions of disease =Actions of Fever. In fever does not show any actions of temperature rise.

How can we prove the fever is not a symptom.

The fever is not symptom when examined in various directions. In fever, both symptoms of disease and symptoms of fever are included. Deduct symptom of disease from total symptoms, we will get symptoms of fever. we can separate signs, signals, and actions of both fever and disease and rising temperature.

Temperature between 38 degrees and 41 degrees cannot be a symptom of any of the diseases.

A different cause of diseases like virus, bacteria, fungi, venom, horror scene, and horror dream never shows the same symptoms.

Fever has never been scientifically proved as a symptom of a disease. Fever has the properties of adaptation.

If we ask any type of question-related to fever by assuming that the fever is not a symptom we will get a clear answer. If we avoid or evade from this we will never get a proper answer to even a single question.

Biography

A practicing physician in the field of healthcare in the state of Kerala in India for the last 30 years and very much interested in basic research. My interest is spread across the fever, inflammation and back pain. I am a writer. I already printed and published nine books on these subjects. I wrote hundreds of articles in various magazines. After scientific studies, we have developed 8000 affirmative cross checking questions. It can explain all queries related to fever

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