



21st EuroSciCon Webinar on
CLINICAL PATHOLOGY & BACTERIAL DISEASES

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Scientific Tracks



Clinical Pathology 2021

The connection between food toxicology and lifestyle disorders – A literature Review

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Abstract

Around 39% of the adult world population is overweight and 13 % are obese (WHO). One of the major reasons for this (As per Harvard Researchers) is certain food toxins responsible for increasing “craveability” of junk food. Another study suggests the presence of certain chemical obesogens which disrupt the leptin and ghrelin (appetite hormones) also affect the size of adipocytes. Prevalence of polycystic ovarian syndrome is claimed to be varying between 6-10% in various studies including the major ones from National institute of Health (NIN), Rotterdam and Androgen excess society. Thyroid on the other hand is affecting 10% of the population (as per a study conducted in 8 major cities of India) The sedentary lifestyle, convenience foods & improper cooking practices though are to be blamed for the increasing prevalence of all lifestyle disorders but at the same time the increasing exposure to environmental toxins including microbiological, natural food toxins, polymer leaching and its residues including phthalates and bisphenols and the biological magnification of the pesticides across the food chain are all the more responsible for the hormonal imbalances caused by the chemicals mimicking the hormones in the natural biochemical processes hence causing the lifestyle disorders. The purpose of this presentation is to compile and highlight the most common toxins affecting the nutritional status of the masses, their common sources and mode of action. The presentation also puts light on the solution-based approach (including the importance of

an Anti-inflammatory diet) and steps which can be taken to rectify the fundamentals which are going wrong.

Keywords— anti-inflammatory diet, BPA, environment toxicology, Obesogens.

Professional Biography

Manisha Mehta has her expertise in weight, fat, muscle management and Sports Nutrition. Her keen interest in food and the way it affects life has driven her extensive studies in the subjects of Food technology, Packaging Technology and Nutrition along with Food Service management systems. The foundation of this presentation is based on the years of experience she has gained while studying as well as successful counselling of hundreds of clients with issues varying from weight management to lifestyle disorders and food intolerances in different settings including hospitals and health centres.

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World Program Against Cancer in Low and Middle Incomes Countries

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INTRODUCTION:

Worldwide, one in eight deaths is due to cancer. Projections based on the GLOBOCAN 2012 estimates predict a substantive increase new cancer cases per year by 2035 in developing countries if preventive measures are not widely applied. According to the World Health Organization (WHO), millions of lives could be saved each year if countries made use of existing knowledge and the best cost-effective methods to prevent and treat cancer. Therefore, the aim of this study is to estimate a provisional budget against cancer in low and middle incomes countries, according to the GNI-PPP, the cancer incidence and the number of population.

METHODS:

Economically country classification are determining with the Gross national income (GNI), per capita, Purchasing power parity (PPP), according to the administrations of the International Monetary Fund (IMF); the World Bank (WB) and the Central Intelligence Agency (CIA). Cancer incidence data presented are based on the most recent data available at IARC. However, population compares estimates from the US Bureau of the Census. The provisional budget is establishing among the guidelines developed by WHO for regional and national cancer control programs according to national economic development.

RESULTS:

A compilation of 91 articles representing 91 Programs against cancer in low and middle incomes countries are determining.

CONCLUSION:

Provisional budget against cancer is estimated to 51,477,422.00 (thousands of U.S \$) for a population of 3,682,702.05 (thousands

peoples), in 91 low and middle incomes countries worldwide, according to the GNI-PPP, the cancer incidence and the number of population.

BIOGRAPHY:

Dr. El Hadji Seydou Mbaye was born in 1978 in Kaolack a region of Senegal. During 2008-2013, he earned his PhD in Biology and Human Pathologies with the collaboration of the International Agency for Research on Cancer (IARC) /WHO, Lyon (France); 2006-2007 : Master of Life and Health, Specialty Biology of microorganisms, Virology in Louis Pasteur University of Strasbourg (France); 2005-2006 : Master of Life and Health, option of Immunophysiology in Louis Pasteur University of Strasbourg (France); 2004-2005 : License of Biochemistry in Louis Pasteur University of Strasbourg (France); 2002-2004 : General Degree in Sciences and Technologies in University of METZ (France).

He was certified by the Federation International of Gynecology Obstetrics (FIGO), the Accreditation Council of Oncology in Europe (ACOE, www.acoe.be), the Institute Catalan of Oncology (ICO) for cervical cancer prevention (Grade 10/10) in support of Continuing Medical Education for physicians. These credits are also recognized as Physician's Recognition Award (AMA PRA Category 1 credits) by the American Medical Association. He was certified, by the United Nations for Basic Notion of Security on the Ground-Protection, Health and behavior, by the International Agency for Research on Cancer (IARC)/World Health Organization, Lyon (France) for Safety Certificate. He has published 1 Book with a style of philosophical story. Author of the world program against cancer in low and middle incomes countries, he is lead author (first listed) of more than 90 peer-reviewed research

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articles published in reputed journals. He is Review Board Member of Acta Scientific Medical Sciences (ASMS), Acta Scientific Microbiology (ASMI), Research and Reviews on Healthcare: Open Access Journal (RRHOAJ), and Editorial Board Member of the Journal of Medicine and Medical Sciences (JMMS), Modern Journal of Medicine and Biology (MJMB), EC Microbiology, International Journal of Clinical Virology (IJCV), Acta Scientific Cancer Biology (ASCB), BioMed Research Journal (BMRJ), Journal of Medicine and Biology (JMB), Biomedical Research, International journal of vaccines and technologies (IJVT), Journal of Surgery, Operative Techniques and Anaesthesia (JSOTA), Current Research in Bioengineering & Biomedical Sciences (CRBBS), Journal of Women's Health, Gynecology & Obstetrics (JWHGO), Trauma & Emergency Care journal, Journal of Current Medical Research and Opinion (JCMRO), International Journal of Clinical Pharmacology & Pharmacotherapy (IJCPP), Journal of Clinical Microbiology and Infectious Diseases (JCMID), Journal of Retro Virology and Anti Retro Virology (JRVAV), Journal of Antivirals and Antiretrovirals, Research and Reports in Immunology (RRI), Journal of Medical

Case Reports and Reviews (JMCRR), Pyrex Journal of Biomedical Research (PJBR), Advances in Immunology and Microbiology (ADIM), Current Scientific Research in Biomedical Sciences (CSRBS), Journal of Clinical & Experimental Immunology (JCEI), Journal of AIDS and HIV Treatment, Edelweiss Journal of AIDS, Journal of HIV and AIDS, Journal of HIV and AIDS Research, Associate Editors for Journal of Bacteriology & Mycology: Open Access (JBMOA), Pediatrics & Neonatal Biology Open Access (PNBOA), Immune & Autoimmune Disorders Journal (IADJ), Annals of Advanced Biomedical Sciences (AABSc) and associate membership of the World Society for Virology, and also, member of BCNet International Working Group, International Agency for Research on Cancer (IARC)/World Health Organization (WHO).

Dr MBAYE has formed for free, more than 250 healthcare professionals for the techniques of cervical cancer screening in Senegal. He has appeared on local media, 2S TV, Mbour TV and Leeral.net.

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

K. M. Yacob

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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.

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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Personalized and Precision Medicine (PPM) as a Unique Healthcare Model to Secure the Human Healthcare, Wellness and Biosafety: through The View of Infectious Disease Management

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Policy formation in the field of individual health promotion and protection is one of the priority tasks of national healthcare systems. Canonical health care is becoming increasingly unaffordable in most of the countries, yet it remains ineffective in preventing or effectively treating chronic diseases (including infectious ones). The medicine of the XXI century is **Personalized & Precision Medicine (PPM)**, by protecting and preserving human health throughout the life. In this regard, an upgraded model of healthcare service, which includes the philosophy, principles and armamentarium of PPM and aimed at identifying the disorder at its early (subclinical) stage, is being created and set up.

PPM focuses on predictive and preventive measures that contribute to the development of individualized strategies for managing a healthy lifestyle that stabilize morbidity rates and can help to improve the working capacity of the population. PPM provides procedures for disease prediction and for the prediction of consequences and complications. In this regard, the biomarker-based analysis is intended as a first step towards a more personalized and precision treatment and clinical utility.

With the increase in antimicrobial agent resistance and a decreasing antimicrobial pipeline, there is a need for coordinated

efforts to promote appropriate use of antimicrobial agents. Such "antimicrobial agent stewardship" measures encourage the appropriate use of antimicrobials by promoting the selection of the optimal drug regimen. PPM can help solve the crisis of antimicrobial resistance (AMR) by changing the way antimicrobial agents are developed and prescribed.

Improved patient (or persons-at-risk) outcomes with the application of the above-mentioned biomarker tests must consider not only increased survival or quality of life, but also improved **clinical decision support (CDS) & making** leading to the avoidance of unnecessary therapy or toxicity captured within the rapid learning system.

Opportunities exist at every stage of disease initiation and progression to develop a Personalized Health Plan (PHP) addressing lifestyle, risk modification and disease management, and later, Personalized Health Management & Wellness Program (PHM&WP). So, a combination of genomic and phenome-related biomarkers is becoming of great significance to be applied in PPM and need to be translated into the daily practice to predict risks of the disease chronification and thus of disabling.

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Meanwhile, advances in biomedical informatics and IT technologies brought on and suiting the goal by applying mathematical modeling to secure constructing and maintaining unified biobanks and databanks necessary for personal health monitoring, for instance, by the increasing availability of electronic medical records (EMRs), electronic patient registry (EPR, telemedicine and mHealth tools and cloudy technologies have allowed for the proliferation of data-centric tools and inter-hospital network communications armamentarium, especially in the context of

personalized & precision healthcare (PPH).

Advances in genomics and computing are transforming the capacity for the characterization of biological systems. The set would include the use of genome-based approaches to inform molecular diagnosis and individual-level treatment regimens. In addition, advances in the speed and granularity of pathogen genome generation have improved the capability to track and understand pathogen transmission, leading to potential improvements in the design and implementation of population-level public health interventions. So, we outline several trends that are driving the development of PPM-based epidemiology of infectious disease and their implications for the ability to respond to outbreaks.

Going beyond the detection of the pathogen is crucial to transforming the diagnosis of microbial infections. Consideration of the evolutionary and ecological principles between the host and their microbiome might provide “new strategies for restoring and maintaining human health.” Innovative diagnostics that can identify host, microbiome, environmental and pathogen biomarkers are crucial to PPM-based approach. That Big Data can then be used to design optimal therapeutic strategies for patients that can restore them to health by coordinating agents that can target the pathogen, the host and the microbiome thereby intervening appropriately in the ecological balance in the patient. These strategies bring us a step closer to developing personalized therapies that exclusively remove disease-causing infectious agents. And we would advocate the preservation of our beneficial microbes and provide an overview of promising alternatives to broad-spectrum antimicrobials. Specifically, we emphasize that the newest approaches can not only improve patient care, but preserve antimicrobial agents for the future. We can advance directly to the phase of preclinical validation of disease biomarkers and their underlying mechanisms, and the results can be translated into precision diagnosis enabling patient stratification for individualized therapy. Taken together, the activities proposed will demonstrate

the clinical feasibility and advantages of PPM in managing chronic and acute infectious diseases.

As you might see from the above-mentioned, PPM has drastically changed and is keeping on changing the landscape of healthcare. In reality, PPM is the new revolution in medicine which is dramatically modifying the traditional paradigm in medicine with huge consequences for health care systems. And putting PPM-tools in a public health perspective requires an apprehension of the current and future public health challenges.

A symbiotic relationship between infectious diseases, their risks, epidemiological studies, public health and PPM may exist. And this approach will be possible only with the integration of data across levels of influence and analytic wisdom in using those data toward better identification of disease and lifestyle risks. So, often overlooked, is the most fully realized application of PPM so

far: in infectious diseases, where advances in genomics are already changing both medical and public health practice.

PPM has indeed arrived for the diagnosis of infectious diseases. More than that, it has arrived once and for all in the areas of clinical microbiology, molecular epidemiology and many other areas. Epidemics of the most diverse viruses will continue to occur due to factors that we are not completely able to control. The difference now is that we have powerful PPM-based technologies and tools to win this fight. In this connection, the healthcare providers, public policy sector, and consumer industries will be required to develop new and creative models and products. And, no doubt, next generations will speak about the XXI century as a time, when medicine became preventive and personalized, and its outcomes – predictive and guaranteed.

BIOGRAPHY:

Dr Sergey Suchkov, MD, PhD was born in 11.01.1957, a researcher-immunologist, a clinician, graduated from Astrakhan State Medical University, Russia, in 1980. Suchkov has been trained at the Institute for Medical Enzymology, The USSR Academy of Medical Sciences, National Center for Immunology (Russia), NIH, Bethesda, USA, and British Society for Immunology to cover 4 British university facilities. Since 2005, Dr Suchkov has been working as Professor of I.M. Sechenov First Moscow State Medical University and of

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PPPM Politics and Management of the University of World Politics and Law. In 1991-1995, Dr Suchkov was a Scientific Secretary-in-Chief of the Editorial Board of the International Journal "Biomedical Science" (Russian Academy of Sciences and Royal Society of Chemistry, UK) and The International Publishing Bureau at the Presidium of the Russian Academy of Sciences. In 1995-2005, Suchkov was a Director of the Russian-American Program in Immunology of the Eye Diseases. Dr Suchkov is a member of EPMA (European Association of Predictive, Preventive and Personalized Medicine, Brussels-Bonn), a member of the NY Academy of Sciences, a member of the Editorial Boards for Open Journal of Immunology, EPMA J., and Personalized Medicine Universe, and others. Dr Suchkov is known as a co-author of the Concept of post-infectious clinical and immunological syndrome, co-author of a concept of abzymes and their impact into the pathogenesis of autoimmunity

conditions, and as one of the pioneers in promoting the Concept of PPPM into a practical **branch of health services**. Now Dr Suchkov is a Chair of Dept for Personalized & Translational Medicine, and Director, Center for Personalized & Translational Reproductology, I.M. Sechenov First Moscow State Medical University. Prof Sergey Suchkov, MD, PhD Chair, Dept for Personalized and Translational Medicine, Director, Center for Personalized Reproductology & Pediatrics, I.M. Sechenov First Moscow State Medical University, Moscow, Russia Member, EPMA, Brussels, EU Member, PMC, Washington, DC, USA Member, ISPM, Tokyo, Japan Member, New York Academy of Sciences Member, ACS, USA Member, AHA, USA Member, AMEE, Dundee, UK Secretary General, UCC, Cambridge, UK.

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The Purpose of Temperature of Fever in Covid -19

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Key Words:

Blood circulation, Surplus temperature, Protective covering, energy
When the disease made by virus becomes a threat to life or organs blood circulation decreases, Temperature of fever will emerge to increase prevailing blood circulation. And it acts as a protective covering of the body to sustain life.

When blood flow decreases to the brain, the patient becomes fainted-delirious. If we try to decrease the temperature of fever, the blood circulation will further be reduced. Blood circulation never increases without temperature increase. Delirious can never be cured without an increase in blood circulation.

The temperature of fever is not a surplus temperature or it is not to be eliminated from the body. During fever, our body temperature increases like a brooding hen's increased body temperature.

The actual treatment to fever is to increase blood circulation. Two ways to increase blood circulation. 1. Never allow body temperature to lose 2. Apply heat from outside to the body. When the temperature produced by the body due to fever and heat which we applied on the body combines together, the blood circulation increases.

Then the body will stop to produce heat to increase blood circulation. And the body will get extra heat from outside without any usage of energy.

How can we prove that the temperature of fever in Covid -19 is

to increase blood circulation?

If we ask any type of question-related to fever by assuming that the temperature of fever is to increase blood circulation we will get a clear answer. If avoid or evade from this definition we will never get a proper answer to even a single question. If we do any type of treatment by assuming that the temperature of fever is to increase blood circulation, the body will accept, at the same time body will resist whatever treatment to decrease blood circulation.

If we measure the heat energy used for which activities in fever, we will know the purpose of the temperature of fever.

No further evidence is required to prove the temperature of fever in Covid -19 is to increase blood circulation.

Biography

A practicing physician in the field of healthcare in the state of Kerala in India for the last 31 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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