

4<sup>th</sup> Annual Congress on **INFECTIOUS DISEASES**

&

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**NEGLECTED TROPICAL & INFECTIOUS DISEASES**

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## Site attachment inhibition therapeutics: Progress update

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The current researcher has in previous conferences and publications detailed the conceptualization and development of the new, or third, branch of antimicrobial therapeutics, namely site attachment inhibition which involves negation of cellular attachment by infective agents. This based on the issues with metaphorical superbugs, development of antimicrobial resistance, and the general lack of success currently with respect to the previous two branches which focused on (1) replication of infective agent and, (2) immune system enhancement. This talk explains that site attachment inhibition is intended to consist of both treatment of established infection but also new generation immunization programs. The likely success of new generation immunization programs, based on prenatal stem cell therapy is intended to involve gene mutagenesis or knockout. This preventative (or, immunization) therapy intended to be spanning right back to spermatogenesis and oogenesis. The validation for likely success includes the innate resistance or immunity achieved by inherited genetic mutations, including CCR5- $\Delta$ 32 against HIV. One major issue is a differentiation between association and causation. Even the known CCR5- $\Delta$ 32 mutation has not been completely confirmed as direct/causative of the inhibition of attachment observed in research analyses. New content presented in this talk will involve methods around the above issues to do with association and causation. These methods include the use of CRISPR technology in order to analyze properly the genes (and, methods) utilized by those with innate resistance (immunity) in order to determine the proper prenatal genetic therapy, as mentioned above, in new generation immunization programs. Prenatal genetic therapy is becoming increasingly discussed and utilized in medicine and surgery. However, an important issue remains the ethics committee and community consideration in such treatment strategy consideration.

### Biography

Simon Raymond is a Consultant who specialized in Medical and Scientific Research and an Alumnus of Melbourne University (Rank of Number 1 in Australia and Number 33 in the World). The above stated Researcher has acted as a Reviewer for the respected Medical Journal of Australia, has received invitations internationally to review from prestigious medical journals including the Journal of American Medical Association Network. He has received the award in recognition of his research by Royal Australasian College of Surgeons (PSC, 2006) and invited to conferences internationally as an official Delegate and Researcher, including that in USA and China. He has worked as the Principal Researcher in the highest-powered form of medical trial-Randomized Controlled Trial (RCT). The above stated Researcher is also a Member of the Golden Key International Society for Honored and outstanding Academics and has been cited as a Notable Global Leader.

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