

19th International Conference on

Obesity, Healthcare - Nutrition & Fitness

March 18 - 19, 2019 | New York, USA

KEYNOTE FORUM | DAY 1

JOURNAL OF OBESITY & WEIGHT LOSS THERAPY 2019, VOLUME: 4 | DOI:10.4172/2165-7904-C2-092

Treating the main cause of sleep Apnea in the dental office by OJW: Weight control--an alternative option to removable appliances and gastro-intestinal surgery

My work demonstrates that Dental Professionals are welcomed by the public as providers of weight control services as part of a Healthcare team that includes dietitians, physicians, psychotherapists, and bariatric surgeons. OJW is a fixed intra-oral, bio-mechanical appliance and protocol for controlling compulsive overeating in carefully selected patients who are obese/heading toward obesity, that help them start regaining control over compulsive eating habits "CEEP" with potentially grave health consequences. One of those is OSA/Sleep Apnea which can be a life-threatening condition whose main symptom--snoring--has become the focus of attention

of Dentists who only treat its symptom. Using OJW: Weight-Control. I show how the Dentist can treat its most common CAUSE--Obesity. I will show how the wiring is placed to put the jaw into "Rothstein's OJW position of Mandibular Weightlessness" thereby limiting the extent they can open their jaw thus preventing the ingestion of "Comfort" foods--the "bad" ones. Permission to begin a liquid diet is obtained from their physician. The clarity of speech is unaffected, and the teeth never shift. Seemingly extreme, after eighteen years providing OJW, it is arguably rather a benign non-invasive, safe and effective method, when using my protocol (55-LCLD). Under my protocol, the DENTIST is responsible for maintaining the health of the TMJ, Dentition, and Gingiva. The PATIENT is responsible for losing weight by dint of their passionate dedication and adherence to a long-term, Low-Calorie, Liquid Diet "LCLD" authorized by their physician or proxy (psychotherapist)



Teddy Rothstein
OJW Protocol, USA

with guidance from dietitian-nutritionists. My presentation will enumerate the myriad consequences of obesity, and the Dentist's function as a member of a Healthcare team. I will describe the appliance and how-why it works, and address safety and effectiveness by referencing to a questionnaire I mounted in 2009 and describe the document-forms I use including an Informed Consent. I describe good and poor candidates and how to address common problems. I will list the ten most important elements of the OJW Service.

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Biography

Having practiced every phase of Orthodontic-Orthopedics for thirty-seven years, I moved from Brooklyn, NY to Portland, OR in August '16 where on Dec.16, 2016 I petitioned the OR Board of Dentistry to sanction OJW: Weight control services for Dental

Professionals. On June 26, 2017 "Weight control" services were approved.

I invented the appliance and developed the protocol for providing OJW: Weight-control. I provide OJW in Brooklyn NY. I have treated 200+ patients most of whom come from everywhere in the

United States simply because I am the sole provider. My dedicated OJW website: www.ojwforweightcontrol.com See [youtube.com Ted Rothstein DDS](http://youtube.com/TedRothsteinDDS) to view some of the videos I posted on providing the OJW service.

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Is self management program and exercises best form of treatment for knee arthritis? An evidence based concept

Osteoarthritis of the knee is a global problem. Its incidence is on the rise thanks to the increasing life span. Traditionally osteoarthritis knees have been treated with non-pharmacological, pharmacological and surgical methods in that order. Knee arthroplasty has gained immense popularity and is now increasingly done the world over. But still, it is an answer to only 5% of the patients with severe OA knees unresponsive to treatment. There is a large chunk of the patient where these conventional methods of treatment are inadequate. OA Knees are more complex than before. It seldom happens in isolation and is associated with multiple musculoskeletal problems, co-morbidities, mental and emotional problems which render the treatment ineffective. Obesity is another great challenge

when associated with OA Knees. The duration, dose, side effects, complications and multiplicity of drugs in OA Knee does not make them a safe long term option while surgery is not an effective answer except in cases of severe arthritis. So treatment of OA knees is not simple and there is a need for more effective options which overcomes all the above challenges of the conventional treatment methods. My extensive research on OA Knees has been accepted by the AAOS in framing the 2013 Non-Arthroplasty guidelines. They have given a strong recommendation for the self-management program, light impact and strengthening exercises, neuromuscular education and physical activity. This holistic treatment module provides an effective solution not only for knee arthritis but also for other chronic orthopedic disorders.

Biography

John Ebnezar is an internationally renowned orthopedic surgeon,



John Ebnezar

Wholistic Orthopedic Expert, India

passionate about creating, conceptualizing, implementing preventive new orthopedic health awareness modules with an aim to propagate low-cost orthopedic health care. He is specialized in trauma, spine, geriatric orthopedics and sports medicine. He holds Guinness World Records both for academics and social service, an only orthopedic surgeon in the world to do so. He is a PhD in yoga, involved in 6 original-yoga types of research, won Best Research Award from SVyasa Yoga University (2012) for his work on knee arthritis and role of

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Yoga in fracture healing (2010). He has pioneered a new treatment method, Wholistic Orthopedics, by blending modern orthopedics with

Indian Yoga, which is a simple, cheap, effective alternative method of treating all varieties of OA knees and also for patients with modern lifestyle

orthopedic problems and has redefined the way orthopedic ailments are treated across the globe.

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Obesity fat distribution sexual hormones and degree of homosexuality

Obesity is pandemic. Yet, every obese individual is unique, different pathogenesis and different response. Body fat distributes differently in males and females. Testosterone and estrogen play a very important role. Testosterone is androgenic and seems positively associated with the fat disposition in the belly while negatively in the buttocks. Estrogen is more related to fat deposit in the buttocks, in other words, fat ass. Fat ass commonly seen in some homosexual males and females, and may be associated with the degree of homosexuality and sexual orientation. Any sexual orientation is normal. Sexual orientation is X-linked and Y-linked traits, passing down from generation to generation. The degree of sexual orientation also varies at different stages of lifespan, as our body hormones especially sex hormones like testosterone and estrogen, and genetic makeup change as time goes. The presentation of sexual orientation and homosexuality differ in many ways, the way

to talk, to walk, to wink, to move, to wave, the food to eat, the tendency of physical contact, the move to watch, the obsession, the waving decision-making, the voice, the tone etc. Different obese individuals have different genetic makeup, sexual hormones, and fat distribution, therefore, different association with the degree and varied presentation of homosexuality. Studies on these shall reveal very important information for daily life and clinical practice in the related fields.

Biography

Cheryl Wang, MD, PhD, earned her Doctoral degree of Medicine at Binzhou Medical College, Master degree of Science, Endocrinology and metabolism, internal medicine in Shanghai Second Medical University, Doctoral degree of philosophy in Science, Endocrinology and metabolism, internal medicine at PLA medical college. She did internal medicine residency and trained as an Endocrinologist in Donying People's Hospital, China, did surgery residency at Mount Sinai and Rutgers in the United States. She was a fellow of obesity at Pennington, of Diabetes at

**Cheryl Wang**

Shengli Oilfield Central Hospital, China

UTHSCSA, of endocrinology at Mayo clinic, of Anesthesia at UB and Columbia Uni, of immunology, surgery, and ob & gyn at Pitts, CRC at Cetero, translator and editor of many companies, assistant professor at UB and Pennington, professor and endocrinologist at TMH. She also had short training at Harvard medical centers, Cleveland Clinic, Cornell, Banner health, UB etc. She attended numerous conferences and is a renowned speaker for many topics. She is currently a distinguished professor and endocrinologist at Shengli Oilfield Central Hospital.

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KEYNOTE FORUM | DAY 2

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The fitness jigsaw: Dance based paradigms

Koutedakis and Sharp refer to the fitness “Jigsaw” in dance. The dance Jigsaw includes all components of fitness: cardio-respiratory endurance, muscular endurance, muscular strength, body composition, and flexibility. The paper explores the components and it identifies how dance can improve them. For instance, dance forms which challenge the aerobic intensity of fitness sessions, receive attention. The paper identifies effective dance forms and it explores how creative use of rhythm and dynamics can increase their efficiency. The paper also addresses misconceptions, which equate muscular fitness with a loss of flexibility and a bulky aesthetic and it identifies how supplementary fitness sessions and plyometrics improve dancers’ muscular fitness. It advocates one particular dance form, “Contact Improvisation”, as particularly

efficient from muscular-based perspectives. Finally, the paper focuses on dance and flexibility. It advocates the use of dynamic stretching, versus static stretching, during dance sessions, as it is a better calorie burner and it also improves dancers’ kinesthetic awareness, balance, coordination, posture and cardiovascular fitness. In conclusion, this paper highlights the potential of dance as a fitness tool using Koutedakis and Sharp’s fitness Jigsaw as its source of reference. It also identifies extents to which these fitness components can be challenged, through an informed selection of specific dance forms and provision of supplementary training. Throughout the paper, visual examples of the dance forms will be presented, online and live, to affirm the concepts being explored.

Biography

Sharon Phelan Lectures in Physical Education and Dance at the Institute of Technology,



Sharon A Phelan

Physical Education and Dance at the Institute of Technology, Ireland

in Tralee, Co. Kerry, Ireland. She has also danced with Siamsa Tire, the National Folk Theatre of Ireland, for over twenty-five years and she taught Physical Education in second level for a decade. Sharon is a National Facilitator in Dance with the Department of Education. She was responsible for the first dance syllabus at second level in Ireland and the first syllabi at degree level in Ireland. She has published academic works internationally on the use of dance from physical, educational and

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artistic perspectives. In 2014, her book, 'Dance in Ireland: Steps, Stages and Stories' was published by Cambridge Scholars Press. Her current

areas of interest include supervision of dance research at masters and at doctoral levels and the use of distance learning in dance in third

level. She is also completing another book, which focuses on Dance-in-Education from an all-inclusive perspective.

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Obesity: Eat well, eat healthy-Calorie restriction and protein diet-the stories behind the scene

One major etiology of obesity is more intake than expenditure, which ends up with extra calorie. This extra calorie transfers into fat and deposits in our body and organs. Thus we become obese and co-morbidities like non-alcoholic fatty liver disease, obesity-induced lung injury (OILI) come true. It is critical to low weight and prevent from rebound. Calorie restriction remains as the king of all interventions. Variety types of calorie restriction proved helpful. Each works through different mechanism. With calorie restriction, the biggest challenge is inadequate

nutrition. Protein diet has pretty good weight loss effect, yet without the worry of nutrients deficiency. The stories behind the scene are, high protein induces satiety, increases thermogenesis, delays gastric emptying, impacts free fat mass and the pro-inflammation & anti-inflammation, and levels of appetite hormones. It is critical for obese population to eat well, eat healthy, with a relatively restricted calorie, well-balanced nutrients with relatively high protein, more vegetables and fibers while less calorie-rich snacks/fast food/beverage, and above all, live a healthy meaningful life beyond oneself.

Biography

Cheryl Wang, MD, PhD, has expertise in diabetes, obesity, endocrine and metabolic

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disorders, positive attitude, wound care, regenerative medicine, sexuality, etc. with many related articles published.

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Vitamins herbs and nutritional supplements

Dietary supplements include vitamins, minerals, herbs, botanicals, enzymes, amino acids, or other dietary ingredients. You take these products by mouth in pill, capsule, tablet, or liquid form to supplement your diet. A supplement can provide nutrients either extracted from food sources or synthetic, individually or in combination, in order to increase the quantity of their consumption. The class of nutrient compounds includes vitamins, minerals, fiber, fatty acids and amino acids. Dietary supplements can also contain substances that have not been confirmed as being essential to life, but are marketed as having a beneficial biological effect, such as plant pigments or polyphenols. Animals can also be a source of Recent Publications (minimum supplement ingredients, as for example collagen from chickens or fish. These are also sold individually and in combination, and may

be combined with nutrient ingredients. In the United States and Canada, dietary supplements are considered a subset of foods, and are regulated accordingly. Multivitamins are the most commonly used product. For those who fail to consume a balanced diet, the United States National Institutes of Health states that certain supplements “may have value. The essential nutrient minerals for humans, listed in order by weight needed to be at the Recommended Dietary Allowance or Adequate Intake are potassium, chlorine, sodium, calcium, phosphorus, magnesium, iron, zinc, manganese, copper, iodine, chromium, molybdenum, selenium and cobalt (the last as a component of vitamin B12).

Biography

Rucha Majmundar Mehta has completed her PhD in Clinical Nutrition from Bombay University and she has completed GCP & GvP Auditing studies from BARQA-UK. She is practicing as consultant Clinical Nutritionist since 22 years in various multi-



Rucha Majmundar Mehta
Clinical Nutrition from Bombay University, India

Speciality hospitals in India. She is first to introduce the NEED and IMPORTANCE of Enteral & Parenteral Nutrition and Immune Nutrients in ICU and Critical Care in the state. She has Formulated Enteral Nutrition Formula (Total Range) for the Reputed Multinational Pharmaceutical Co. She Developed the Concept of Immune nutrients in Critical care and ICU in state of Gujarat She has been participating as a Faculty in International, National and State level annual conferences.

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