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JOINT EVENT

Global Summit on

**Traditional and Restorative Medicine**

&

10<sup>th</sup> World Congress on

**Neuropharmacology**

August 27-29, 2018 | Paris, France



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Traditional & Restorative Medicine 2018



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**KEYNOTE FORUM  
DAY 1**

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**Peripheral nerve Interfacing for control of powered prostheses - Our toolbox today and beyond**

Electrical interfaces to peripheral nerves allow persons with amputation to coordinate the movements of multi-DOF powered prostheses simultaneously with minimal cognitive effort. This is possible when each prosthetic actuator is controlled using the activity of the specific motor nerve that subserves the same joint motion in an intact limb. This concept is well demonstrated with TMR, where each target nerve is neurotized to a piece of viable muscle. The muscle acts as a biological amplifier that converts the feeble nerve impulses to more robust electromyographic activity (EMG) which is then used as a prosthetic command signal. A drawback of TMR is the need to trans-locate the desired nerves to the host muscles and to remove the host muscle's native innervation. To mitigate these issues, researchers have anastomosed small pieces of excised muscle to the selected peripheral nerves. Such constructs are referred to as Regenerative Peripheral Nerve Interfaces (RPNI), and EMG control signals are recorded from the surface of each RPNI. As a modification of this strategy, we are developing an implanted modular device containing small electrically isolated compartments. Each compartment contains integral recording electrodes and is filled with a small piece of autologous muscle. A multi-fascicle nerve can be subdivided and each fascicle assigned to a separate electrically isolated compartment which minimizes problems of signal crosstalk between recording channels. Also important for prosthesis control is to provide tactile and proprioceptive sensory feedback. Historically, electrical stimulation of sensory afferents using cuffs or inserted arrays has been the primary approach employed and more recently, micro-channel arrays are being explored. However, issues of fiber selectivity and long term functionality still need improvement. The provision of muscle-tendon proprioception information has been particularly elusive, but a strategy based on novel surgical constructs termed AMI (agonist-antagonist myoneural interface) is showing good success in persons with below-knee amputation who have received this treatment. This approach re-instates a mechanical connection between the agonist and antagonist muscles that would exist around an intact joint so that contraction of the agonist acts to stretch the antagonist muscle and visa-versa.

**Biography**

Ronald Riso obtained a BSEE from Cornell U., and a PhD in Neuroscience from U. Rochester Sch of Med. His career has centered on neuroprostheses including FES techniques for restoring hand grasp in quadriplegia and methods for controlling prosthetic limbs (Case Western Res. U. and Aalborg U. Denmark). He is presently with the MIT Center for Extreme Bionics working on Neural Interfacing to allow persons with amputation to have full volitional control over their prosthetic limbs and enjoy restored tactile and proprioceptive sensibilities.

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**Ronald R Riso**

MIT Media Lab, USA

Notes:

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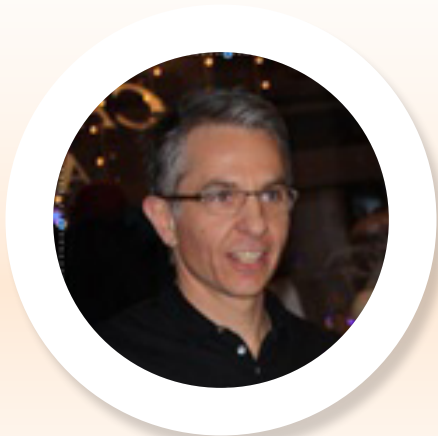
### How the six stages lead interaction with background?

Treating patient is evolution, according to the six stages, TCM treatment focuses on the overall state of the body and mind of our patients. A TCM syndrome is a complex disharmony pattern of signs and symptoms that are manifesting through the patient's pain. This pain may be linked to a loss of adaptability. An internal or external stress weakens the vital strength then, connecting to the world is much more difficult. The natural consequence is that standing, and walking or digesting breathing are not easy anymore. Following baby's development, the six stages may help us to help patients to recover from life's issues. Each stage has its own purpose due to the functions that the channels are connecting. A full range of motion depending on the QI-Blood amount and circulation in the channels is essential to recover. It is also essential to help the patient to understand which vital property he has lost recovering will also help him to follow his own path.

#### Biography

Tristan Costa is currently working as a Director in Ling School from September 2009 – Present. His research interests are TCM treatment and traditional medicines.

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**Tristan Costa**

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**KEYNOTE FORUM  
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### Efavirenz as a potential anti-Alzheimer's disease medication

Efavirenz is the anti-HIV medication given daily at a 600 mg dose to keep the viral load low. We found that in mice, a very low dose of efavirenz (100-times lower than that given to HIV patients) enhances the activity of the brain enzyme cytochrome P450 46A1 (CYP46A1), which converts cholesterol to 24-hydroxycholesterol. Cholesterol 24-hydroxylation is the major pathway of cholesterol elimination from the brain; CYP46A1 controls this pathway and thereby cholesterol turnover in the brain. 5XFAD mice, a model of rapid amyloidogenesis, were treated daily with a 0.1 mg/kg of body weight efavirenz dose, which was delivered in drinking water. The treatment started at one month of age and continued for eight months. Efavirenz administration stably activated CYP46A1 and enhanced cholesterol turnover in the 5XFAD brain. 5XFAD mice also had a significant reduction in amyloid- $\beta$  burden and microglia activation in the brain cortex and hippocampus. Mouse performance was improved in Morris water maze test, and the treated animals had a significant reduction in mortality rates. The data obtained suggest that efavirenz should be considered as an anti-Alzheimer's disease medication, and the pathway of the brain cholesterol removal as a therapeutic target for this disease. A clinical trial is in progress to evaluate efavirenz effects on people with mild cognitive impairment due to Alzheimer's disease.

#### Biography

Irina A Pikuleva has completed her PhD in Biochemistry from the Belorussian Academy of Sciences and completed her Post-doctoral studies at Vanderbilt University. Currently, she is the Vice Chair for Research of the Department of Ophthalmology and Visual Sciences and Director of the Visual Sciences Research Center at Case Western Reserve University. She has published more than 100 peer-reviewed papers and has served as a Reviewer on the study sections of the National Institutes of Health as well as private foundations.

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**Irina A Pikuleva**

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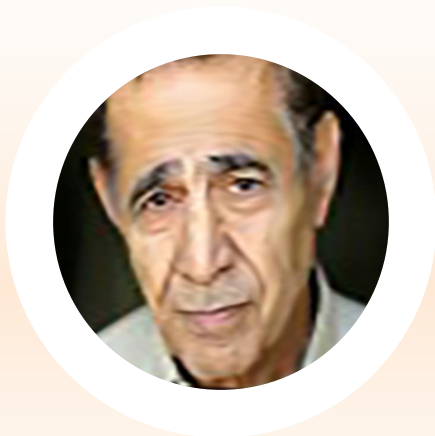
**The intuitive rational-choice theory of madness: Schizophrenia, criminal insanity and neuroses; the fallen empires of psychoanalysis, medical models and drug companies**

The book, *The Intuitive Rational-Choice Theory: Schizophrenia, Criminal Insanity and Neuroses*, presents a new theory which explains the development and treatment of schizophrenia and criminal insanity as rational coping mechanisms. Based on the strong relationships between schizophrenia and neurological impairments, medical models took for granted that all cases of schizophrenia result from neurological impairments, even when there was no evidence, as in the case of the Unabomber and John Nash. The new theory, termed also Psych-Bizarreness Theory, demonstrates that it can explain all cases of schizophrenia, regardless whether they suffer from neurological damages or not, as well as criminal insanity and neurotic disorders, by conscious-rational terms. According to the new theory, when individuals are confronted with extreme levels of stress, irrespective of whether the source of the stress is neurological or environmental, their behavioral options become limited: They can commit suicide, develop a drug abuse, use aggression to eliminate the stressor, or intuitively choose certain mad/bizarre behaviors diagnosed by five empirical criteria (Rofé, 2000, 2016), that suite their coping demands. Madness is seen primarily as a repressive coping mechanism, which individuals intuitively choose when confronted with unbearable levels of stress. Thus, contrary to psychoanalysis, madness cause repression rather than vice versa. The choice of a specific mad behavior is determined by the same three principles which guide the consumer's decision-making process when purchasing a certain product. The major principal is the need controllability: The specific mad behavior must increase the patient's ability to exercise control over the stressor and/or provide certain desired privileges. The second guiding principle is availability: The choice of the specific symptom is affected by various channels of information, such as the media, personal experiences, genetic predispositions, family and peers that increase the saliency of certain suitable behaviors. The third principle is cost-benefit analysis: The mad behavior is chosen only if the individual intuitively feels that it will reduce the level of his or her emotional distress. Although the decision to implement the intuitive/unconscious choice is conscious, patients become unaware of the Knowledge of Self-Involvement (KSI) through a variety of cognitive processes that disrupt the encoding of this knowledge and a number of memory inhibiting mechanisms that cause its forgetfulness. Subsequently, utilizing their socially internalized beliefs regarding the causes of psychological disorders, patients develop a self-deceptive belief which attributes the cause of their symptoms to factors beyond their conscious control. The new theory proved its ability to integrate all therapeutic methods pertaining to neurosis into one theoretical framework (Rofé, 2010), explaining all data relevant to the development and treatment of conversion disorder, including neurological findings, which seemingly support the medical explanation of this disorder (Rofé & Rofé, 2013), and resolves the theoretical confusion regarding the explanation of phobia by distinguishing between bizarre (e.g., agoraphobia and chocolate phobia) and non-bizarre phobia, such as dog phobia (Rofé, 2015). Robert Aumann, the Nobel Prize-winning Economist, noted in a letter of recommendation to publishers of the present book (2017), Rofé's theory is as "revolutionary as it sounds, fits well into the frameworks of economics, game theory, and evolution".

**Biography**

Yacov Rofé is a professor of psychology at Bar-Ilan University, Ramat-Gan, Israel. He completed his first and second degrees in psychology at Bar-Ilan University and received his PhD from Hull University, England, in 1973. He held the position of chair of the interdisciplinary department of social sciences at Bar-Ilan University for fifteen years. Rofé was a visiting professor at both Rutgers Medical School in New Jersey and Washington University in St. Louis, Missouri. He has published many articles in leading academic journals of psychology, including a theory entitled "Stress and Affiliation: a Utility Theory", published by Psychological Review in 1984. An additional influential article, published in Review of General Psychology, 2008, is a review that refutes the existence of repression and the Freudian Unconscious.

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**Yacov Rofé**

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