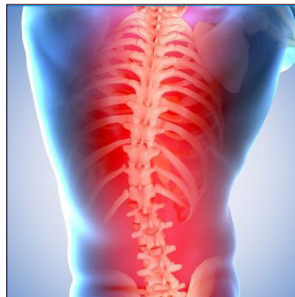
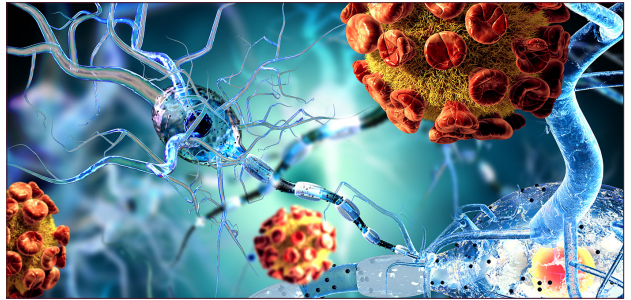

Keynote Forum

March 18, 2022

Neuroscience 2022



7th International Conference on
Neuroscience and Neurological Disorders

March 18-19, 2022 | Webinar

Neuroscience and Neurological Disorders

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Joseph J Nicolosi Jr

The Breakthrough Clinic, United States

Pilot results of the Reintegrative Protocol in the treatment of Binge Eating


Experiencing a traumatic event, or a series of traumatic events, may increase the probability of subsequent development of binge eating and Binge Eating Disorder (BED). BED is the most common eating disorder in the United States, affecting some 2%-4% of people yearly. Due to the large prevalence of this disorder, as well as the burden BED puts on those living with it, effective treatment practices for treating BED are necessary. To date, there has been no research specifically examining the novel reintegrative protocol in a clinical setting as a treatment modality for BED. The purpose of this small, multiple-baseline pilot study was to explore the practicality and efficacy of the reintegrative protocol in treating BED by treating traumatic memories of individuals who engage in binge eating. Overall, the reintegrative protocol demonstrates promise as a tool for affect regulation and the treatment of BED. While

implementing the protocol was feasible, the results varied among the 6 heterogeneous subjects and therefore, further research is required.

Speaker Biography

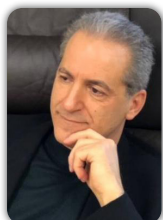
Joseph J Nicolosi Jr is the clinical director responsible for evaluations, consultations and educational training at The Breakthrough Clinic in Southern California. He founded The Breakthrough Clinic with the belief that trauma can be treated faster, more gently and more effectively than through conventional psychotherapy treatment, in many cases resulting in greater client self-acceptance, confidence and sense of freedom. He is a Reintegrative Therapist® and president of the Reintegrative Therapy Association and has appeared on network television, news programs and podcasts, and has written for The Federalist and the Washington Examiner.

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 Notes:

Neuroscience and Neurological Disorders

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Michael Binder

Highland Park Hospital, USA

The Multi-Circuit Neuronal Hyperexcitability Hypothesis of Psychiatric Disorders

Short of a clear understanding of how psychiatric symptoms are produced, the various cognitive, emotional, and behavioral patterns that characterize psychiatric disorders continue to be grouped into syndromes and treated accordingly. However, an emerging hypothesis contends that psychiatric symptoms are driven by pathological hyperactivity in symptom-related circuits in the brain. According to the Multi-Circuit Neuronal Hyperexcitability (MCNH) Hypothesis of Psychiatric Disorders, persistent firing in anxiety circuits causes persistent feelings of anxiety; persistent firing in depressive circuits causes persistent feelings of depression; persistent firing in cognitive circuits causes ruminative and obsessive thoughts; etc... This pathological circuit-specific hyperactivity is believed to be the consequence of a genetically-transmitted failure of the neurological system to self-regulate when perturbed by a psychological, emotional, or biological stressor. The failure of neurons to shut off is also believed to drive a chronic hyper-activation of the autonomic nervous system, the hypothalamic-pituitary system, the immunologic system, the metabolic system, and various other systems of the body, thus explaining the link between upper-end-of-normal resting vital signs and the development of any of a wide range of chronic diseases, such as anxiety disorders, mood disorders, diabetes, high blood pressure, heart disease, autoimmune diseases, and cancer. This presentation

will discuss the enormous implications that this has for the treatment and prevention of nearly all illnesses, both psychiatric and medical. It will also discuss the source of the abnormality and a simple, objective means by which persons at risk can be identified. In an era of smartphones, wearable devices, and a growing public desire to prevent rather than react to illness, the ability to use resting vital signs to identify the fundamental driver of both mental and physical illness could usher in history's greatest campaign in the fight against sickness and disease.

Speaker Biography

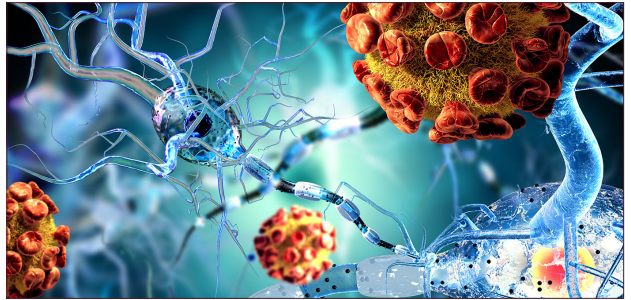
Michael Binder is a board-certified adult and adolescent psychiatrist with nearly 30 years of experience treating a wide range of psychiatric disorders. He is also a neuroscience researcher with a focus on identifying the mechanisms by which psychiatric symptoms develop and the means by which psychotherapy and pharmacotherapy combine to help alleviate symptoms. In 2019 he published the Multi-Circuit Neuronal Hyperexcitability (MCNH) Hypothesis of Psychiatric Disorders, the first hypothesis to explain, both neuropsychiatrically and psychophysiologically, the means by which psychiatric symptoms develop and, based on the anatomy and physiology of the cognitive-emotional system, the most rapid and effective ways to relieve them. Somewhat by serendipity, the MCNH hypothesis also led to the discovery that an inherent hyperexcitability of the neurological system is the fundamental driver of virtually every mental and physical illness that can be triggered or exacerbated by stress.

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Keynote Forum

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Virginia Lee

Founder of Aging Life Care Professional and Care Management LLC, USA

Health Care Alphabet, Palliative Care vs Hospice Care, Bereavement, and Post Traumatic Growth

HHealth Care Alphabet Health Care Proxy, Living will, Do Not Resuscitate, Do Not Intubate, Do Not Hospitalize, Medical Orders for Life-Sustaining Treatment, and Physician Orders for Life-Sustaining Treatment. Definition of Hospice Care is continuum care for terminal illness and families through interdisciplinary professionals and families. Palliative Care is specialized care for people with the illness.

Having the Conversation with loved ones: Hospice Team, Setting up the interview, Perception, Invitation, Knowledge, and Empathetic Responses (SPIKE), Hospice Eligibility, When to consider hospice? Quality Measures to ease suffering, Family dynamics at end of care, Pain is a fifth vital sign and Dementia Care.

What's Bereavement? Definition of grief and complicated grief. What happens during the mourning process? Theresa Rando's 6 "R's" of Grieving. 1. Recognize the loss. 2. React to the separation 3. Recollect and re-experience the deceased. 4. Relinquish old attachments to the deceased and old associations. 5. Readjust to the new world without forgetting the old. 6 Reinvent.

The Concept of Loss (Theresa Rando, Ph.D.) 2 Categories of Loss: Physical and Psychosocial/Symbolic

Personal Impact of Grief: Physical Reactions, Behavioral Reactions, Cognitive Reactions, Emotional Reactions, Spiritual/Philosophical reactions.

Complicated Grief. It can be complicated by other factors. Complicated Grief/clues. Six R's failure of this process. It's recognized as Specified Trauma and Stressor Related Disorder F43.8 Persistent Complex Bereavement Disorder in DSM-5. Complex Bereavement 10 to 12% Experience unresolved Grief that lead to long term health issues (Prigerson et al, 2009). What are the risk factors that lead to complex bereavement? Traumatic Grief which is a condition in which both unresolved grief and PTSD symptoms are present often accompanied by depressive symptoms as well" (Cohen, Mannarino and Deblinger, 2006)

Post Traumatic Growth: Finding meaning and practices that support healing. Dr Kenneth Doka has identified four functions of ritual that may help in a variety of situations: Rituals of Continuity, Rituals of Transition, Rituals of Affirmation, and Rituals of Intensification. What are Rituals to Commemorate? Emotional Regulation and Distress Tolerance, Worst things to Say, Best Things to Say.

Finally, the presentation health care professionals will examine their practice implications when working palliative care/hospice care in the community, hospital, long-term care settings, palliative care, and behavioral health settings. Personal and Professional challenges. Professional Resources will be provided.

Brief Summary Abstract: An increased understanding of legal instruments for patients and families. Reviewing hospice care and palliative care. Discussion of bereavement care, Theresa Rando's 6 R, complicated grief, traumatic grief, complex grief, post-traumatic grief, finding meanings, and Dr Kenneth Doka's four functions of ritual. Following the NASW professional standards for ethical practice.

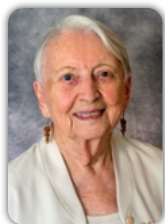
Speaker Biography

Virginia Lee has been a Social Worker for 25 years+. Her work has primarily focused on aging, medical social work, and behavioral health. She is a Bilingual Behavioral Health Clinician with CHE Health's Behavior Services. Virginia Lee owns Aging Life Care Professional and Care Management LLC. Virginia has publications with the Connecticut National Association of Social Workers; Journal of Depression and Anxiety titled Mental Health Disorders during Covid19, Prolonged Grief Disorder and practicing Self-compassion during Post-Traumatic Growth and Covid 19 impacts Mental Health; International Journal School Cognitive Psychology titled Palliative Care and Hospice. Virginia has committed her life to engage others and helping them become the best version of themselves. Virginia has been awarded the prestigious Albert Nelson Marquis Lifetime Achievement Award. She is blessed with good health, family and instilled in passing good fortunes on to others.

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Neuroscience and Neurological Disorders

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Doris Bergen

Miami University, USA

Neurological implications of Fostering Play in young children diagnosed with Autism

The literature on autism in young children has many examples of their apparent problems in engaging in typical social, pretend, and functional play behaviors (Baron-Cohen, 1987; Jordan, 2003; Williams et al., 2001). However, research also has suggested that play interventions can promote more elaborate play behaviors, at least immediately after the interventions conclude (Gillett & LeBlanc, 2007; Jung & Sainato, 2013; Kasari et al., 2005). Further research is needed to investigate whether the children's neurological processes may be affected positively by play interventions of various types and if such interventions have long term consequences for the children's brain development. This presentation will review the information about the play/autism connection and suggest needed further research to determine the neurological implications of such interventions.

Speaker Biography

Doris Bergen is a Distinguished Professor of Educational Psychology Emerita at Miami University, Oxford, Ohio, and served as chair of the department for eleven years. She received her PhD from Michigan State University. She taught a range of courses related to early childhood education, play, learning, human development, assessment, and educational psychology. A focus of her research interests has been play theory and humor development, including effects of technology-enhanced toys on play, adult memories of childhood play, and gifted children's humor. Her research also has focused on Event Related Potentials (ERP) elicited during different types of videogame play. She is a Miami University Distinguish Scholar, having published fourteen books and over 100 refereed articles and book chapters. Her most recent books are *Enhancing Brain Development in Infants and Young Children* and *The Handbook of Developmentally Appropriate Toys*. She served as co-director of Miami University's Center for Human Development, Learning, and Technology for many years and the Center was named in her honor at her retirement.

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Neuroscience and Neurological Disorders

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Steven Benvenisti, Esq

Partner at Davis, Saperstein & Salomon P.C., USA

Spring Break: A True Story of Hope and Determination

This program is presented by an Attorney from the U.S.A., who is a partner at one of the leading law firms in America. His law practice is devoted entirely to representing victims who sustained traumatic neurological disorders. He has worked on thousands of cases and provides insight on the remarkable power of rehabilitation. He will discuss the powerful impact comprehensive rehabilitation has on patients who sustained neurological disorders. The specific case featured involves the true story of an “All American” college student who, while on vacation, was walking and struck by a drunk driver’s vehicle traveling at over 80 kmph (50 mph). His parents were asked to consent to his organ donation due to the CT Scans revealing their son’s severe brain damage (T.B.I.), for which there is no cure. The family declined to consent to organ donation and instead got a room in the hospital to be with their son 24/7.

The audience will witness powerful before and after photographs of this student. The “after” photographs depict the student in a coma and on full life-support. The program educates the audience about neurological disorders through an attorney from the perspective of the survivor and their family, while also providing them with needed tools to help them in their own professional and personal capacities. Traumatic brain injury is

the silent epidemic of our time. Despite the tens of millions who sustain a T.B.I. every year, very few medical professionals, employers, educators and people understand the reality of what the survivor and family experience. The most effective way to get an understanding of traumatic brain injury and how to deal with it is directly from the perspective of a survivor. Steven Benvenisti, Esq., has presented this program on TV, through the news media and to hundreds of audiences worldwide.

Speaker Biography

Steven Benvenisti, Esq. earned his *Juris Doctorate* in Law at the age of 25 from Bridgeport University after graduating with High Honors from college. He is a Partner at Davis, Saperstein & Salomon P.C., one of the leading law firms in the U.S.A. His practice is devoted to representing individuals who sustained traumatic neurological disorders. He has been named by the National (U.S.A.) Trial Lawyers as the *Top 100 Trial Lawyers*. He is the President of the “Brain Injury Alliance of NJ” and on the Board of Directors of “Mothers Against Drunk Driving.” He has been an international keynote speaker at hundreds of Neurology, Rehabilitation and Educational Conferences. All honorariums are donated to charities. Authored *Spring Break: A True Story of Hope and Determination*, regarding a severely brain injured college student who received long-term inpatient, outpatient care and rehabilitation.

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Neuroscience and Neurological Disorders

March 18-19, 2022 | Webinar



Joel Isaias Osorio

Founder of Biotechnology and Regenerative Medicine at RegenerAge,

Mexico

A possible Neuroregeneration on ASIA-A scale using a Neurostimulator and combinatorial Biologics: Bioquantine® and Wharton's Jelly Mesenchymal Stem Cells as standardized therapy for No Option patients

A complete spinal cord injury (SCI) is the complete sensory and motor loss below the site of spinal cord injury following acute or chronic destruction, compression, or ischemia of the spinal cord. It constitutes an inestimable public health issue. The most crucial phase in the pathophysiological process of SCI concerns the well-known secondary injury, which is the uncontrolled and destructive cascade occurring later with aberrant molecular signaling, inflammation, vascular changes, and secondary cellular dysfunctions. The use of our combinatorial biologics based in the combination of a unique polypeptide (Bioquantine®) and Wharton's Jelly or Umbilical Cord Mesenchymal Stem Cells (UCMSCs) specifically Wharton's Jelly derivate ones represents one of the most important and promising and now safe and tested strategy to stimulate the neuroregeneration. This combinatorial method attract, among the other sources and types of stem cells, increased because of their ease of isolation/preservation and their properties. In this review, the therapeutic role of MSCs is discussed, together with their properties, application, limitations, and future perspectives. However, despite our deeper understanding of the molecular changes occurring after initial insult to the spinal cord, the cure for paralysis remains elusive. The current treatment of SCI is limited to early administration of high dose steroids to mitigate the harmful effect of cord edema that occurs after SCI and to reduce the cascade of secondary

delayed SCI. An array of mesenchymal stem cells (MSCs) from various sources with novel and promising strategies are being developed to improve function after SCI. In this review, we briefly discuss the pathophysiology of spinal cord injuries and characteristics and the potential sources of MSCs that can be used in the treatment of SCI. Our evidence and science based method (as we previously demonstrated with a patient 2 years ago) is showing a promising alternative on the ASIA- A classification SCI. Added to it, we utilized an improved delivery method (making it ambulatory) for the in situ application of subdural Wharton's Jelly MSCs and a unique polypeptide (Bioquantine®). Thereafter we proceeded with the intrathecal application of an advanced neurostimulator biomedical system obtaining improved results and faster clinical recovery after only 5 weeks of the started translational protocol..

Speaker Biography

Joel Isaias Osorio Garcia is the MD,CEO and Founder of Biotechnology and Regenerative Medicine at RegenerAge™ (www.regenerageclinic.com). He is the Vice President of International Clinical Development for Bioquark. Inc. (www.bioquark.com) and the Founder and the president for the Dr Jois A C initiative (www.drjois.com). He is also an Advance Fellow by the American Board of Anti-Aging and Regenerative Medicine (A4M), Visiting Scholar at University of North Carolina at Chapel Hill (Dermatology) and a Fellow in Stem Cell Medicine by the American Academy of Anti-Aging Medicine.

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