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Chinsan Liu

Changhua Christian Hospital, Changhua, Taiwan

Astragaloside IV Reduces Mutant Ataxin-3 Levels and Supports Mitochondrial Function in Spinocerebellar Ataxia Type 3

Abstract

This study investigated the therapeutic effects of astragaloside IV (AST) on spinocerebellar ataxia type 3 (SCA3), also known as Machado-Joseph disease (MJD), a neurodegenerative disorder. Human neuroblastoma SK-N-SH cells expressing mutant ataxin-3 protein with 78 CAG repeats (MJD78) were employed as an in vitro model. Protein expression analysis demonstrated that AST treatment reduced mutant ataxin-3 protein expression and aggregation by enhancing the autophagic process in MJD78 cells. Elevated oxidative stress levels in MJD78 cells were significantly reduced following AST treatment, which also enhanced antioxidant capacity, as evidenced by flow cytometry and antioxidant enzyme activity assays. Furthermore, AST treatment ameliorated mitochondrial dysfunction in MJD78 cells, including improvements in mitochondrial membrane potential, respiration, and mitochondrial dynamics. In conclusion, AST administration increased antioxidant capacity, reduced both cellular and mitochondrial oxidative stress, and improved mitochondrial quality control processes through fusion, fission, and autophagy. These mechanisms collectively reduced intracellular mutant ataxin-3 protein aggregation, thereby achieving therapeutic efficacy in the SCA3 model.

Biography

Dr. Chin-San Liu is a neurologist concurrently vice-president in Changhua Christian Hospital. He received PhD degree from National Yang-Ming University, Institute of Clinical Medicine in Taiwan and continuously devoted to study the translational medicine of mitochondrial diseases in Neurology and metabolism syndrome. Currently, the molecular regulation of mitochondria in dynamic and turnover attract our interest of study, especial in spinocerebellar ataxia type 3 (SCA3). The various strategies of mitochondrial therapy including medicine treatment, infrared and light radiation interventions and peptide-mediated delivery of mitochondria organelles to decrease mitochondrial radical production and oxidative damage are also involved in our projectors.

Jian yang Du

University of Tennessee Health Science Center, USA

Leveraging proton-dependent synaptic transmission in the medial prefrontal cortex flips social dominance

Abstract

Social dominance is essential for maintaining a stable social society and has well-established positive and negative impacts on sociable animals including humans. However, the regulatory mechanisms governing social dominance, as well as the crucial regulators and biomarkers involved, remain poorly understood. We discover that mice lacking acid-sensing ion channel 2 (ASIC2) exhibit a persistent higher social dominance ranking compared to their wild-type casemates.

Conversely, the overexpression of ASIC2 in the medial prefrontal cortex (mPFC) reverses the dominance hierarchy observed in ASIC2 knockout mice. ASIC2 deletion prolongs the inactivation time of ASICs, resulting in enhanced ASIC-dependent synaptic transmission and plasticity in the mPFC through the protein kinase A signaling pathway. Furthermore, ASIC2 exhibits distinct functional roles in excitatory and inhibitory neurons, thereby modulating the balance of neuronal activities underlying social dominance behaviors - a phenomenon suggestive of a cell-subtype- specific mechanism. Finally, this research establishes a foundational understanding of the mechanisms governing social dominance formation, offering potential insights for the management or prevention of social disorders, such as depression and anxiety.

Biography

Dr. Jian yang Du completed his PhD in 2006 from Sun Yat-sen University, China, and postdoctoral studies at the University of Iowa, USA in 2016. He is currently an Associate Professor at the University of Tennessee Health Science Center. He has published more than 50 papers in peer- reviewed journals and has been serving as an editorial board member of several scientific journals, including Brain Sciences, Scientific Reports, Frontiers in Neuroscience, and Frontiers in Molecular Biosciences.

Paul A. Dreschnack

Ina Belshaku, USA

Treatment of idiopathic facial paralysis (Bell's Palsy) and secondary facial paralysis with extracellular vesicles: a pilot safety study

Abstract

Paralysis of the facial nerve (CN VII) is one of the most debilitating issues that any patient can encounter. Bell's palsy is the most commonly seen mononeuropathy. Although usually self-limited, symptomatology can persist for decades in persistent cases. Objective and design We sought to determine a safe new treatment could be developed to restore facial nerve function using extracellular vehicles (EVs) in patients who have been unable to return to normal under a variety of conditions. We performed a pilot safety study of 7 patients with idiopathic and secondary facial paralysis to determine if any functional restoration was possible. Each patient had symptomology for varying periods, with diverse House-Brackman scores. They were all treated with the same protocol of extracellular vehicles (EVs) over 4 weeks and were evaluated both before and after treatment. All patients in this study received treatment by their private physicians before entering the study. A record review was completed, with independent physical examinations. House-Brackman scores and Facial Disability Indices were obtained prior to, and after completing the study. EVs were injected into the area of the main trunk of the facial nerve on the affected side, and an intravenous drip of EVs on visits during weeks 1, 2, and 4.

All patients enrolled in the study improved with this treatment protocol. After the second week of treatment, we saw a progression of independent motion of the affected eyelid, brow motion, and commissure. Although all patients began at different House-Brackman starting points, almost all ended at the same endpoint on the scale over the same period of time – four weeks. No adverse effects were encountered. The path mechanism is still unknown. But it appears that the mechanism is reversible. At last, these patients can have hope.

Sergei M. Danilov

University of Illinois at Chicago, USA

ACE-dependent Alzheimer's disease (AD)

Abstract

An analysis of 1200+ existing missense ACE mutations revealed that >400 are predicted to be damaging and led us to hypothesize that heterozygous carriers of these loss-of-function (LoF) ACE mutations (which result in low ACE levels) may be at risk for the development of late-onset Alzheimer's disease (AD) [Danilov, 2024].

The 1st stage of this ACE-dependent AD project is characterization of blood ACE levels, catalytic properties, and conformations (ACE phenotyping) using a wide set of mAbs to ACE that were developed in our lab. We already have performed ACE phenotyping in >200 carriers of 80+ different ACE mutations and 200+ controls [Kryukova, Biomedicines, 2024, PloS One, 2024, unpublished]. We found that several of the relatively frequent AD-associated ACE mutations (present in at least 2% of the population) are truly damaging and, likely transport-deficient, resulting in plasma ACE levels only ~50% of controls. Some other AD-associated ACE mutations were not associated with a decrease in blood ACE levels, and likely do not affect ACE surface expression. Thus, their mechanism of association with AD is likely different, such as via catalytic changes. However, both these types of ACE mutations may result in reduced degradation of amyloid beta peptide Aβ42, an important component for amyloid deposition, and may pose a risk factor for the development of AD. Therefore, a systematic analysis of blood ACE levels in patients with ACE mutations has the potential to identify individuals at increased risk of late-onset AD.

The 2nd stage of this project will include 1) Cell-based in vitro model (HEK cells transfected with cDNA of different ACE mutations) in order to find transport-deficient ACE mutations, which may be amenable to rescue of impaired trafficking of mutant ACE to the cell surface; 2) medico-genetic analysis of 50-100 families of carriers with the most damaging and transport-deficient ACE mutations. This stage will identify prospective candidates for a future limited

clinical trial of preventive or therapeutic interventions to delay the development of ACE-dependent AD.

The 3rd stage of the project could be a limited clinical trial in individuals with several transport-deficient ACE mutations (starting with the most frequent damaging ACE mutation, Y215C) aiming to enhance mutant ACE protein traffic, as we previously demonstrated for the transport-deficient ACE mutation, Q1069R, using a combination of chemical and pharmacological chaperones and proteosome inhibitors [Danilov, PloS One, 2010].

Biography

Sergei M. Danilov, MD completed his PhD and postdoctoral studies from the National Cardiology Research Center, Moscow, Russia. He is the Principal Investigator and Head of the laboratory of ACE biology in the Division of Pulmonary and Critical Care, (Department of Medicine in the University of Illinois at Chicago). His laboratory developed more than 40 mAbs to ACE. He has published more than 200 papers on ACE biology and ACE immmunochemistry in highly respected journals and has been serving as an editorial board member of Biomedicines.

Mohamed M Hosni

Imperial College Healthcare NHS Trust, London, United Kingdom

Role of Artificial intelligence in the diagnosis and management of Endometriosis. The prospect of the future

Abstract

Endometriosis affects approximately 10% of women worldwide, causing significant pains, infertility, and reduced quality of life. Despite its prevalence, the condition is notoriously underdiagnosed, with an average delay of 7-10 years between symptom onset and diagnosis. Current diagnosis and treatment modalities are invasive, time-intensive, and often inconsistent. Recent advancements in artificial intelligence (AI) offer promising solutions to these challenges, leveraging the power of machine learning (ML), data analytics, and image technologies to transform the understanding and management of endometriosis. AI- powered algorithms demonstrated high accuracy in detecting endometriosis through medical imaging, outperforming traditional diagnostic methods. Predictive models identified high-risk patients using clinical and genetic data, enabling earlier intervention. AI-based virtual assistants improved symptom tracking and patient engagement. Furthermore, machine learning facilitated the discovery of novel biomarkers and drug targets, enhancing personalized treatment approaches. In conclusion, Artificial intelligence is revolutionizing the field of endometriosis by addressing critical gaps in diagnosis, treatment, and research. With the presence of robust datasets, inclusive algorithms, and interdisciplinary collaboration among clinicians, researchers, and technologies, AI holds immense potential to reduce diagnostic delays, improve therapeutic outcomes, and enhance the quality of life for endometriosis patients.

Biography

Mr Mohamed Hosni is a Consultant Obstetrician and Gynaecologist at Imperial College Hospitals in London, with over 20 years of experience. He is a very experienced laparoscopic surgeon, with international reputation in minimal access surgery and endometriosis. He has a broad clinical research background and has collaborated with numerous doctors and scientists on different projects in Obstetric and Gynaecologic research. He has presented both Nationally and Internationally, have several peer-reviewed publications in scientific journals. He completed MD, MSc, and he is currently a member of the Royal College of Obstetricians and Gynaecologists. He is a firm believer in a patient-centred approach, personalized on an individual basis. He is entirely dedicated to his profession. He places a significant importance on taking time to listen to each patients' specific needs and providing them with a thorough explanation of their treatment options.

Sarah Hanley

Galway University Hospital, Ireland

Cannabinoid hyperemesis syndrome in pregnancy: a case series and review

Abstract

Background: Cannabinoid hyperemesis syndrome (CHS) is a syndrome of cyclic nausea and vomiting in the setting of chronic cannabis use. To date, only 11 cases of CHS in pregnancy have been reported.

Case presentation: We describe two cases of uncontrolled vomiting in pregnancy due to CHS. Case 1 represents a 30-year-old Caucasian woman presenting in the 5th week of gestation with nausea, vomiting and abdominal pain intermittently of 1 week duration. Physical work-up was normal, and symptoms resolved with supportive treatment within 3 days, only to occur again at the 14th week of gestation, and again at the 30th week of gestation. Link between symptom relief and hot bathing led to suspicion for CHS, confirmed with positive cannabis urine toxicology screening. Nausea, vomiting and pain subsided with cannabis cessation, and baby was born healthy at 38+5 weeks gestation. Case 2 describes a 28-year-old Caucasian woman presenting in the 16th week of gestation with nausea, vomiting and abdominal pain. Physical examination was normal, and symptoms self-resolved. Two weeks later, in the 18th week of gestation, the patient re-presented to the emergency room with sudden re-occurrence of nausea, vomiting and abdominal pain. Once again, a link between symptom relief and hot bathing was noted on admission. The patient was educated on possible links of chronic cannabis use with CHS symptoms and subsequently relayed extensive (>14 years) cannabis use history. Symptoms resolved with cannabis cessation. Baby was born at 37 weeks gestation, with low birth weight of 2180 g requiring 5 days neonatal intensive care unit (NICU) treatment. Regular follow-up up to 5 months post-partum confirmed no CHS relapse with cannabis cessation.

Conclusion: CHS in pregnancy is likely under-reported, reflective possibly of limited physician and patient awareness of this condition, as well as patient concealment of cannabis use in

pregnancy. In cases of severe, cyclic nausea and vomiting in pregnancy unresponsive to typical anti-emetic treatment, comprehensive social history including cannabis use should be sought, and associated hot bathing for symptomatic relief out-ruled.

Keywords
Cannabis, hyperemesis gravidarum, cyclic vomiting, hot water bathing, pregnancy

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Biography

Dr Sarah Hanley is a Consultant General Adult Psychiatrist, and Consultant Perinatal Psychiatrist currently working in Galway University Hospital, Ireland. Dr Hanley has a masters in Psychoanalytic Psychotherapy from Trinity College Dublin, and a diploma in Neurodiversity from University College Dublin, and diploma in Mindfulness from University College Cork. Specialist areas of interest included ADHD and ASD in peripartum, as well as medical psychotherapy. Dr Hanley is a trained in Mentalization-Based Treatment therapist.

Mehmet Erkan Ustun

Polatli Duatepe State Hospital, Ankara, Turkey

Adventitia Layer-Focused Microsurgical Flow Reconstruction for Long-Segment Tubular Stenosis of the Cervical Segment (C1) Internal Carotid Artery: Clinical Valuable Experience in 20 Cases

Abstract

To evaluate the efficacy of perivascular sympathectomy in managing adventitia layerrelated long-segment tubular stenosis of cervical segment (C1) internal carotid arteries (ICAs) in a cohort where conventional medical and endovascular interventions were not viable options, we retrospectively analyzed 20 patients (8 males, 12 females, aged 41–63 years) who underwent perivascular sympathectomy for long-segment (>5 cm) tubular cervical ICA stenosis (non-atherosclerotic, non-intima related, and nondolichoarteriopathic) between 2017 and 2023. The procedure aimed to alleviate symptoms such as hemiparesis, pulsatile tinnitus, and migraines associated with transient ischemic attacks (TIAs). Preoperative and postoperative symptoms were assessed, and patient follow-up was conducted by MR angiography and perfusion studies. Postoperatively, 10 out of 11 migraine sufferers (90.9%) reported complete cessation of symptoms, while one patient (9.09%) experienced reduction in frequency and intensity. In cases of tinnitus, six out of nine patients (66.6%) reported complete resolution, two (22.2%) had reduced symptoms, and one (11.1%) saw no change. Regarding motor function, all 12 patients (100%) with initial hemiparesis (30–40% loss of motor function) showed complete recovery postoperatively. There was no TIA attack among the patients after the procedure in the mean two-year follow-up. Perivascular sympathectomy has shown promising results in alleviating symptoms and preventing recurrent cerebrovascular events in long-segment tubular stenosis of cervical ICAs.

Abhishek Bansal

New Era Consultancy Services, Delhi,India

Novel B-Bio Propositions, Equations, Models For Understanding Biological Processes, Clinical Diagnosis, Medicine and Therapy

Abstract

In this session, I present my novel B-Bio propositions/theory based on the existing paradigm of multi-engineering specializations/applied physics used in various clinical specializations, surgery, genetics and medicine. I demonstrate the development of novel framework construction of my novel work with new propositions with relevance of unified-multi-engineering specializations including biochemitry, pharmacology, artificial intelligence, from clinical perspective, meant for real life-critical situ-ations involving either human subjects or animals and expect these to be useful, particu-larly when computer has to diagnose, make medicine, testing efficacy or machine/therapy but I do not claim any clinical or any pharma usefulness.

Biography

Abhishek Bansal is an amateur scholar, fully self-studied various engineering, medical and mathematical specializations, and has been working for the past 21 years (approx) in R & D(machine designing). He is also involved in non-engg. works. He is fighting himself his litigation matters in Courts. He is the founder of New Era Consultancy Services and Learn Yourself Easy Solutions. His profile can be seen at ORCiD with identification number 0000-0002-2572-9004.

Joash Lazarus

The Atlanta Neuroscience Institute, Atlanta,USA

Treadmill training with speed and cadence controlled simultaneously on improving gait quality in people with Parkinson's disease

Abstract

Gait deficits are a hallmark of Parkinson's disease (PD). Rhythmic auditory cueing has shown effects on improving gait speed by increasing cadence with little modulation on stride length for people with PD (PwPD). The increased cadence could be an issue for some PwPD whose cadence is already within or higher than the normal range. This study examined the acute effects of an advanced treadmill training intervention, which controls the speed and cadence concurrently (thus the stride length), on altering gait quality in PwPD, relative to a regular training program that manipulates speed only. Thirty PwPD were evenly randomized into the advanced training (mean±standard deviation age: 67.6±4.7 years, height: 173.1±8.9 cm, mass: 77.1±11.6 kg, Hoehn and Yahr: 1.53±0.40) or the regular training (66.7±7.6 years, 173.4±9.0 cm, and 80.9±16.7 kg, 1.60±0.43) group. The training protocol consists of six 5-minute bouts of walking on a treadmill. Before and after the training program, the stride length (the primary outcome) and speed and cadence (the secondary outcomes) during overground walking at the self-selected speed were determined to quantify the gait quality. Independent t-tests were used to compare the changes in the outcome measures (from pre- to post-training tests) between groups. SPSS 29.0 was used for the statistical analyses with a significance level of 0.05. The advanced program increased the stide length by 0.07±0.04 body height (bh), significantly larger than the increase for the regular training group (0.03±0.03 bh, p=0.018). The training also enhanced the gait speed for both groups, while the increase for the advanced group was more than for the regular group (0.09±0.06 bh/s vs. 0.04±0.06 bh/s, p=0.050). Both groups exhibited comparable change in the cadence resulting from the training (3.4±3.8 steps/min

vs. 1.0±4.6 steps/min, p=0.137). Our results revealed that the advanced gait training program could improve gait quality more for PwPD than a regular training program. The findings could augment our understanding of PwPD's responses to control gait and provide a foundation to design effective interventions to improve gait for this population.

Biography

Dr. Joash Lazarus is board-certified by the American Board of Psychiatry and Neurology. He serves as the Clinical Research Director of the Atlanta Neuroscience Institute in Atlanta, USA. His clinical and research interests revolve around the evaluation and management of balance disorders and mobility dysfunctions, such as those seen in multiple sclerosis, Parkinson's Disease, and other neurological diseases. Specifically, Dr. Lazarus' research and clinical goal is the objective assessment of mobility and body balance encompassing both static balance measures and those of dynamic gait. He has presented his research in this field at national and international meetings. He was the recipient of the resident research award at Emory University. Dr. Lazarus is a member of the Council of Legislation of the Medical Association of Georgia and has represented both organizations at national policy forums. Various funding agencies have extensively funded Dr. Lazarus' research.

Amanda Thorpe

Royal Hospital for Neurodisability

Navigating Parkinson's: Integrating Nature, Neuroscience, and the Human Spirit

Abstract

As technology advances our understanding of brain disorders and enables innovative treatment development across neurological conditions, we may risk overlooking the profound, innate resilience of the human body, mind, and connection with nature.

Sail4Parkinsons (Italy) and Spellthorne Parkies (UK) have spearheaded an alternative approach through annual, week-long retreats, providing participants with Parkinson's and their partners with an immersive program of physical, mental, and emotional activities. Led by a multidisciplinary team of neurologists, psychologists, music therapists, and fitness experts, these retreats illustrate how a holistic approach can foster a shift in coping mechanisms, enhance social reintegration, and bring a renewed sense of wellbeing amidst life's uncertainties.

These week-long retreats offer a unique setting where professionals can closely observe the dynamic on- and off-medication cycles of participants, allowing for individualized recommendations regarding medication, activity, and therapeutic timing. Furthermore, the transformative shared experiences create lasting bonds among participants, enhancing their support networks.

While developments in biomarkers, microbiome research, neuroinflammation interventions, and AI-driven predictive modeling offer exciting avenues for Parkinson's management, these retreats underscore the importance of teaching individuals to reconnect with their bodies and minds organically. This integrative approach not only complements high-tech innovations but also grounds them in the holistic principles of self-awareness, resilience, and quality of life.

Biography

Amanda Thorpe holds a Psychology degree from UCL and a Music Therapy Masters from Guildhall School of Music. She leads the UK Neurologic Music Therapy Support Chapter, and works at the Royal Hospital for NeuroDisability as well as privately. Amanda has worked in a range of hospital, community, educational and corporate settings in New York and London, providing music-informed interventions to facilitate wellbeing, learning, and cognitive functioning. She specialising in trauma, neuro-diversity, and neuro-rehabilitation. She has been published in the Brain Injury Journal and the Bristish Journal of Music Therapy.

Chao Liu

The Selfishness of Adolescents Overrules Cooperation in Social Dilemmas, Beijing Normal University, China

The Selfishness of Adolescents Overrules Cooperation in Social Dilemmas

Abstract

Background:
Cooperation skills are crucial for individual success in society. While research has often shown that adolescents exhibit less cooperative behavior than adults in social dilemmas, the computational processes underlying such behavioral variations remain underexplored. Previous studies concluded that adolescents may have a deficiency in forming appropriate expectations of others' cooperative intentions due to underdeveloped mentalizing abilities (Theory of Mind); however, another possibility is that they may simply be driven by a selfish motive to exploit others.

Methods:
To this end, the present study used a repeated version of the Prisoner's Dilemma Game (rPDG) to compare cooperative behaviors between adolescents (n = 127) and adults (n = 134). Participants were cooperating with a computer-simulated partner during rPDG (Figure 1a-c). Computational models with different assumptions were constructed and compared to explore the mental processes underlying cooperative decisions, ultimately testing the hidden variables driving behavioral variations between adolescents and adults.

Results:
Consistent with previous research, adolescents exhibited less cooperation compared to adults, particularly following their partner's consistent cooperation (Figure 1d). Computational modeling revealed that the social reward model with asymmetric reinforcement learning

algorithm provided the best explanation for the behaviors of both adolescents and adults (Figure 2). The best- fitting model revealed that, compared to adults, adolescents applied a higher positive learning rate (α+) and a lower negative learning rate (α-) when updating their expectations of partners' cooperation intention, and exhibited less social preference (ω) for mutual cooperation (Figure 3). In line with our hypothesis, adolescents did not exhibit inappropriate expectations regarding their partner's cooperative intentions compared to adults (Figure 4a-d); however, they perceived less intrinsic reward for reciprocity (Figure 4e-f).

Abbas Abuelhassan

Obstetrics and Gynaecology clinical fellow, Uk

Mangement of Tubo-Ovarian Abscess in Patient with Factor V leiden and High BMI

Abstract

This case report details the clinical course, diagnostic challenges, and management of a 53-year-old female patient with a history of factor V Leiden deficiency, hypertension, and high body mass index (BMI), presenting with an acute tubo-ovarian abscess (TOA). The patient's medical history also included penicillin allergy, premenopausal bleeding, and two previous cesarean sections, adding complexity to her management.

Upon presentation, the patient exhibited symptoms of TOA, a severe complication of pelvic inflammatory disease (PID). Given her high BMI and surgical history, the risks associated with surgical intervention were significant. Consequently, a conservative approach with prolonged antibiotic therapy was chosen.

The diagnosis was supported by initial and follow-up CT scans, which revealed multiple fluid collections indicative of infection but did not suggest a safe access route for percutaneous drainage. The patient's penicillin allergy required a careful selection of antibiotics to ensure efficacy and avoid adverse reactions.

A multidisciplinary team comprising specialists from gynecology, microbiology, and radiology collaborated to devise and implement an effective treatment plan. This approach allowed for regular reassessment and adjustments to the therapeutic regimen. The patient received broad-spectrum antibiotics tailored to her specific needs, with the regimen prolonged due to the infection's severity and the high risk of surgical complications.

The patient's inflammatory markers, including C-reactive protein (CRP) levels, were closely monitored, guiding treatment adjustments. Over time, significant clinical improvement was observed, with a gradual decrease in CRP levels and symptom resolution.

This case underscores the importance of a tailored, patient-specific approach in managing

complex TOA cases. It highlights the potential for conservative management with antibiotics in high-risk patients where surgical intervention poses significant risks. The successful outcome emphasizes the value of a multidisciplinary approach and individualized care in achieving favorable outcomes in TOA management.

Biography

Garduated from Alneelain university (sudan) medical school 2011 , member of royal college of physician of Ireland, currently a clincial fellow in obstetrics and Gynaecolgy at st peters hospital surrey, UK .
has one publication in Cureus medical journal in 2024

Maria Abdulaziz Alrafi

Almaarefa university, Diriyah ,Riyadh,Saudi Arabia

Clinical Manifestations and Management of Prurigo in Pregnancy: A Systematic Review

Abstract

Maria Abdulaziz Alrafi[1], Marwah Yasser Qad, Elaf Abdulmajeed Aljohan, Bedoor Obidallah Alghanmi, Reema Saeed Almasoudi, Dana Hendie, Lara Mohamed Aljohani, Relam Ibrahim Alhassani, Ali Abdulrazaq Alghamdi, Rand Musa Fawaz

Introduction
Prurigo of pregnancy (PP) is a specific dermatosis characterized by intensely pruritic papulonodular eruptions, primarily affecting the extensor surfaces of the extremities, as well as the dorsum of the hands and feet. This systematic review provides a comprehensive analysis of the clinical manifestations and therapeutic approaches for PP, offering an updated evaluation of treatment efficacy.

Methods
This systematic review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines. A comprehensive literature search was performed using PubMed, EMBASE, Web of Science, and Cochrane databases. Two independent reviewers conducted the initial literature screening, followed by an independent evaluation of the remaining articles. The included studies were assessed using Methodological Index for Non-Randomized Studies (MINORS) criteria to evaluate their quality. Studies included various observational designs, such as cohort, case-control, and comparative studies.

Results
Four studies comprising a total of 63 patients met the inclusion criteria. The clinical presentation

of PP was variable, with lesions appearing on the extremities, back, and buttocks. A history of other dermatological conditions, such as polymorphic eruption of pregnancy (PEP), and underlying medical conditions like hypothyroidism, were noted among some patients. Treatment approaches varied across studies, with the most frequently used therapies including topical corticosteroids, emollients, oral antihistamines, oral corticosteroids, and narrow-band ultraviolet B (UVB) therapy. Treatment efficacy varied; some patients experienced symptom resolution before delivery, whereas others required postpartum follow-up.

Conclusion

This systematic review highlights the heterogeneity in clinical presentation, treatment approaches, and outcomes of PP. The variability in therapeutic responses underscores the need for a standardized diagnostic and management protocol to improve patient care. Further research is warranted to establish evidence-based guidelines for the management of prurigo of pregnancy.

Biography

Maria Alrafi is a dedicated fifth medical student with a strong passion for research and academic excellence. She has actively engaged in multiple research projects, collaborations and presentations throughout her medical school journey. Maria was selected as a research trainee in the prestigious Research Certification Program at the Saudi National Institute for Health Research (Saudi NIH), demonstrating her commitment to advancing medical research in Saudi Arabia.

Her contributions to the field of Obstetrics and Gynecology include participation in the 6th Saudi Conference in Obstetrics, Gynecology and reproductive health, where she presented her research findings in a study titled : “Understanding Preeclampsia in Saudi Arabia: A Systematic Review and Meta-Analysis of Prevalence, Risk Factors, Awareness and Outcomes” on Nov 29th -30th 2024 . She also delivered an oral presentation at King Saud bin Abdulaziz University for Health Sciences (KSAU-HS), National Guard Health Affairs, on hher first study”Assessing the effects of Arabian incense on pulmonary function in young adults in Saudi Arabia , APFT analysis. Highlighting her expertise in systematic reviews ,cross sectionals and evidence-based medicine.

Maria’s research excellence was further recognized when she secured First Place in the Poster Presentation category at her university’s Research Day in 2023, a testament to her ability to conduct and present high-quality research. She remains committed to mentoring pre-med students and collaborating with faculty members to contribute to advancements in Almaarefa.

Dr. Peter Khamvongsa

Georgetown University, United States

Primary Horizontal Mattress closure at cesarean section: Impact on lower uterine segment thickness and association of cesarean scar defects

Abstract

Objective: This study aims to evaluate the effectiveness of the primary horizontal mattress suture technique, also known as the K-technique, for hysterotomy closure in cesarean sections (CS), focusing on its impact on lower uterine segment (LUS) thickness and its potential to reduce complications such uterine scar defects, dehiscence, or rupture.

Methods: Electronic medical records of 204 patients who underwent CS between 1990 and 2024 were retrospectively analyzed. Patients received the K-technique by a single quadruple board-certified surgeon in the same South Florida hospital. Transvaginal ultrasound was performed to measure LUS thickness post-operatively. Statistical analyses including one-sample t-tests and ANOVAs were conducted to compare LUS thickness with literature values and assess correlations with patient demographics and CS characteristics.

Results: The average LUS thickness post K-technique suture closure was 0.84 cm (SD = 0.17), significantly thicker than literature values for conventional single running locking sutures ($p < .001$). Age correlated negatively with LUS thickness ($r = -.25$, $p < .001$), suggesting older patients had thinner LUS. No significant correlation was found between LUS thickness and gravidity/parity ($p > .05$). Patients delivering full-term had thicker LUS compared to pre-term deliveries ($p = .041$), and those within one year of CS had thicker LUS than those with longer intervals ($p < .001$). There was no statistical difference in LUS thickness between primary and multiple CS ($p = .074$). Conclusions: The K-technique for hysterotomy closure demonstrated

superior postoperative LUS thickness compared to traditional methods, potentially reducing risks
of cesarean scar pregnancy (CSP), scar defects or niches, isthmoceles, and uterine dehiscence or rupture. This technique offers a promising alternative for enhancing uterine myometrial thickness stability post-CS. Further research should focus on long-term outcomes and comparative studies with different closure techniques to validate its benefits comprehensively.

Synopsis: This retrospective study underscores the benefits of the K-technique in CS surgeries. By achieving thicker LUS, this method may mitigate complications associated with previous CS, such as CSP, niches, isthmoceles, scar defects as well as uterine dehiscence and rupture. The findings advocate for its adoption as a standard practice to improve maternal health outcomes and warrant further exploration through prospective studies to corroborate its efficacy across diverse patient populations and surgical settings.

Biography

Dr. Peter Khamvongsa attended Georgetown University where he graduated Magna Cum Laude and was subsequently accepted to Georgetown University School of Medicine on his freshman year due to his high academic achievements. He joined the United States Navy and did his
OBGYN Residency in the Bethesda National Naval Medical Center and Walter Reed Hospital. He retired as a Commander after participating in operation Noble Eagle and the Iraqi war when he moved to Miami in 2003.
Dr. Khamvongsa is the Medical Director of a multispecialty practice, The Miami Institute for Women's Health. He is the only physician who holds four Board Specialty Certifications: Obstetrics & Gynecology, Pediatric and Adolescent Gynecology, Minimally Invasive Gynecologic Surgery and Urogynecology and Pelvic Reconstructive Surgery.

Dr. Khamvongsa is married with five children, is fluent in Spanish, French and learning Italian

Yu Hong

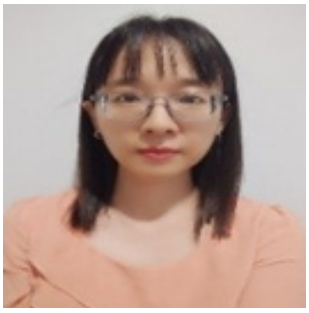
Kiangwu Hospital, Macau

The relationship between pathological expression of HLA-G and clinicopathological features of patients with endometroid endometrial cancer

Abstract

Objective To explore the relationship between serum and tissue HLA-G levels in patients with endometroid endometrial cancer (EEC) and the clinicopathological features. Methods From September 2017 to August 2024, EEC patients who underwent surgery in the department of Obstetrics and Gynecology, Kiang Wu Hospital, Macau were enrolled in this case control study. During the same period, age-matched patients admitted for hysteroscopy and confirmed by pathology to have normal endometrium were adopted as controls. Clinical materials and postoperative pathological results were recorded in detail in EEC patients. HLA-G expression in pathological specimens were measured by immunohistochemistry in all participants. Results A total of 70 EEC patients and 76 controls were enrolled in the final analysis. The positive rate of HLA-G expression in endometrial tissues of EEC patients was significantly higher than that in controls (48.6% vs 15.8%, $P<0.05$). In EEC patients, the positive rate of HLA-G expression in those with depth of myometiral invasion (DMI) >1/2 was significantly higher than that with DMI <1/2 (70.8% vs 33.3%, $P<0.05$). Meanwhile, there was no difference of HLA-G expression within tumor cells of various differentiation (G1, G2 and G3). Finally, 43 EEC patients underwent comprehensive staging surgery including pelvic lymph node dissection. Patients with lymph node metastasis (LNM) seemed to have higher positive rate of HLA-G expression in endometrial tissues compared to negative counterparts, while the differences were not statistically significant ($P>0.05$), probably due to the limited cases. Conclusion Pathological expression of HLA-G could serve as an auxiliary indicator for preoperative assessment of myometiral invasion and lymph node metastasis risk in patients with endometroid EC.

[Key Words] Endometroid endometrial cancer; HLA-G; Clinicopathological feature.



Hla Hla Aye

University Hospitals Dorset NHS Foundation Trust, United Kingdom

Navigating the Diagnostic Challenges of Posterior Circulation Ischemic Strokes: A Case Report of Delayed Diagnosis

Abstract

Posterior circulation infarcts (POCI) account for 20-25% of all ischemic strokes but are often misdiagnosed due to their variable and non-specific presentations. Unlike anterior circulation strokes, POCI may not present with focal neurological deficits, delaying diagnosis and treatment.

A 58-year-old woman with a history of migraine presented with sudden-onset vertigo, nausea, and vomiting. She had no focal neurological deficits, and her initial National Institute of Health Stroke Scale (NIHSS) was 0. Gait assessment was limited due to her vertigo and nausea. Initial brain CT and CT angiography were unremarkable, leading to a provisional diagnosis of atypical migraine or benign paroxysmal positional vertigo. However, persistent symptoms prompted an MRI brain, revealing acute infarcts in the posterior left temporal lobe, inferior left occipital lobe, and left cerebellar vermis. She was treated with dual antiplatelet therapy and statin, leading to symptomatic improvement and discharge with rehabilitation.

This case underscores the limitations of commonly used stroke screening tools like FAST and NIHSS for POCI. Modified screening tools such as BEFAST (Balance, Eyes, Face, Arm, Speech, Time) and HINTS (Head Impulse, Nystagmus, Test of Skew) improve detection rates in posterior strokes. Early MRI is critical for diagnosing POCI when CT findings are inconclusive. A high level of clinical suspicion is essential for diagnosing POCI in patients with unexplained vertigo. Enhancing awareness of its atypical presentations and incorporating advanced diagnostic tools can reduce missed diagnoses and improve patient outcomes.

Biography

A Journey in Medicine:

I earned my medical degree from the University of Medicine, Mandalay, following a one-year internship with rotations in Medicine, Surgery, Obstetrics & Gynecology, Pediatrics, and various subspecialties. This exposure formed a strong foundation for my clinical skills and deepened my passion for patient care.

After graduation, I worked as a junior and then senior medical officer in Myanmar, gaining valuable experience in various healthcare settings. Committed to continuous learning, I pursued the Membership of the Royal College of Physicians (MRCP) and achieved certification in 2022, further strengthening my knowledge in internal medicine.

Currently, I am working as a Resident Doctor at University Hospitals Dorset NHS Foundation Trust, rotating through various medical specialties. My journey so far has been one of dedication, perseverance, and an unwavering commitment to patient care. I look forward to further refining my skills and contributing meaningfully to the field of medicine

Dr. Angelika Simkhaev

Barry University, School of Social Work, USA

Trauma Informed Care and Early Distress Identification in Oncology Settings

Abstract

Cancer is not only a physical illness but also a source of substantial emotional and psychological trauma and distress for patients. Oncology-related trauma stems from the uncertainty of diagnosis, invasive treatments, and the potential threat to life, leading to emotional distress, anxiety, and in some cases, Post-Traumatic Stress Disorder (PTSD). Addressing this trauma early is essential for patient well-being, as unresolved distress and trauma can exacerbate mental health challenges and hider treatment adherence. Trauma-Informed Care (TIC) offers a framework to mitigate these issues by focusing on safety, trustworthiness, choice, collaboration, and empowerment in care settings. Organizational attention to trauma is critical, as health-care environments that fail to address emotional distress can contribute to patient dissatisfaction, higher healthcare costs, and poorer outcomes. Oncology Social Workers (OSW) are professional that are positioned to lead the implementation of TIC due to their training in psychosocial care and trauma identification. OSW's role in healthcare encompasses not just individual patient support, but also educating healthcare teams, advocating for system-wide changes, and creating trauma-informed practices that benefit both patients, staff, and organizations. This manuscript discusses the implementation of TIC in oncology settings, recommending the use of a Trauma-Informed Assessment Protocol, such as the Distress Thermometer (DT), to facilitate early identification and intervention of distress, ultimately improving patient outcomes and organizational effectiveness.

Keywords: Distress, cancer, cancer trauma, PTS, PTSD, Trauma Informed Care, Polyvagal Theory, Oncology Social Work.

Biography

I hold a Master and Doctor of Social Work from Barry University. With a strong foundation in clinical practice and extensive experience in medical hospital settings, including specialized oncology care, I am deeply committed to advancing the social work profession. My passion lies in addressing the complex psychosocial needs of patients facing distress, trauma, and stress in oncology healthcare environments.I am dedicated to fostering resilience, promoting well-being, and enhancing the quality of life for individuals and families navigating the challenges of cancer care. By integrating evidence-based approaches and a trauma-informed perspective, I strive to advocate for holistic and patient-centered care. My work is driven by a desire to improve systemic responses to the psychosocial dimensions of health and healing. Through my practice, I aim to elevate the role of social work in interdisciplinary healthcare teams and contribute to the advancement of compassionate, equitable care for all patients.

Belda Negesa Beyene

Bule Hora University, Ethiopia

Husband responses towards birth preparedness and complications readiness in Southern Ethiopia

Abstract

Birth preparedness and complication readiness is crucial for empowering mothers and families during childbirth. Despite its benefits, husbands' participation in maternal care varies significantly across countries and regions. This study aimed to investigate how husbands with wives who have infants under 12 months old feel about birth preparation, readiness for complications, and the factors associated with their involvement. A community-based cross-sectional study was conducted using a randomly selected sample of 499 husbands from May 30 to July 29, 2022. Data was collected using an interviewer-administered questionnaire. Data entry and analysis were performed using Epi Data version 4.6 and SPSS version 25, respectively. Multivariable logistic regression was used to identify statistically significant factors. Statistical significance was determined using p-values < 0.05, 95% CI, and AOR.

Approximately 55.9% (95% CI: 51.4% to 61.4%) of husbands reported actively engaging in birth preparedness and complication readiness. This response was significantly associated with being employed (AOR = 3.7, 95% CI: 2.27–5.95),engaging in self-business (AOR = 5.3, 95% CI: 2.34–12.01), having wives who delivered in health facilities (AOR = 7.1,95% CI: 3.92–12.86), accompanying wives for antenatal care (AOR = 2.2, 95% CI: 1.39–3.56), possessing good knowledge of danger signs during labor (AOR = 2.0, 95% CI: 1.08–3.74) and the postnatal period (AOR = 7.1, 95% CI: 3.14–16.01). Interestingly, residents living near a health facility (AOR = 0.6, 95% CI: 0.39–0.97) were less likely to respond. The present study found that nearly 6 out of 10 husbands actively responded to birth preparedness and complication readiness. While husbands in this study showed some involvement in birth preparedness and complications, it is good when compared to studies carried out nationally. Educating husbands by focusing on the danger signs and their role in childbirth is recommended.

Biography

Belda Negesa completed his MSc in Maternity and Reproductive Health Nursing at the age of 27 from Bule Hora University, Ethiopia. He is the head of the Midwifery Department at Bule Hora University, Ethiopia. He has over 6 publications and has been a reviewer for 8 publications in reputable journals.

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Elizabeth Smith

Charles Sturt University, Australia

Share the Dignity: Exploring period poverty in regional Australian tertiary institutions

Abstract

Period poverty is a global problem with significant health and social consequences. This study investigated the prevalence and impact of period poverty among students at Charles Sturt University (CSU), a regional Australian university, and explored their awareness and utilisation of free period products provided through Dignity Vending Machines (DVMs). Data were collected through a cross-sectional online survey and semi-structured interviews. Over half (56%) of the students surveyed reported experiencing period poverty, with financial constraints being the main barrier to accessing menstrual products. Students experiencing period poverty reported missing classes, reduced work productivity, and social isolation, as well as emotional distress and embarrassment. Despite the availability of DVMs on campus, student awareness was low (62.2%), and only 52.94% of those who were aware of the DVMs had utilised them. These findings highlight the need for further research and targeted interventions to address period poverty and support menstrual health among university students.

Biography

Elizabeth Smith is a final-year medical student at the Charles Sturt School of Rural Medicine and a registered nurse. She has a diverse academic background, including a Bachelor of Arts, a Master of Nursing, and a Bachelor of Clinical Science from the University of Sydney and Charles Sturt University. Her research interests include rural and regional health, women's health, and health equity for underserved populations.

Gemechu Dereje Feyissa

Rift Valley University, Adama, Ethiopia

Utilization of modern contraceptives and associated factors among women of homeless reproductive age in Adama town, Oromia, Ethiopia

Abstract

Background: Family planning refers to a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods. Contraceptive utilization is a practice that helps individuals or couples avoid unwanted pregnancy. A lack of family planning puts homeless individuals at a higher risk of unwanted pregnancies and sexually transmitted infections. However, there is little data about modern contraceptive utilization among homeless women in the study area.

Objective: It has aimed to assess the utilization of modern contraceptives and associated factors among homeless reproductive-age women in Adama town, 2023.

Methods: A community-based cross-sectional study was conducted in Adama town among 286 homeless women. A convenience sampling technique was used. The data were collected through face-to-face interviews. The collected data were cleaned, coded, and entered into Epi Info, and the data were exported to the SPSS. The associations between dependent and independent variables were modeled using binary logistic regression. The adjusted odds ratio (AOR) and 95% confidence interval (CI) were used to estimate associations, and a P value < 0.05 was considered to indicate statistical significance.

Results: Out of the planned 289 respondents, 286 (98.9%) were participated. The prevalence of modern contraceptive utilization was 56.6% [95% CI: (50.7, 62.2)]. Among the utilizers,

implants (52.5%), injectables (42%), and pills (5.5%) were used. Homeless women aged 25–34 years [AOR = 4.22, 95% CI: (1.77, 10.05)], a formal education [AOR = 3.04, 95% CI: (1.21, 7.60)], a slept off-street [AOR = 2.81, 95% CI: (1.25, 6.34)], a monthly income greater than or equal to 2,400 Ethiopian birrs [AOR = 4.18, 95% CI: (2.11, 8.29)], a sexual intercourse [AOR = 3.14, 95% CI: (1.17, 8.40)], and a history of pregnancy after joining the street life [AOR = 9.21, 95% CI: (3.67, 23.12)] were factors significantly associated with the utilization of modern contraceptives.

Conclusion: The prevalence of modern contraceptive utilization among homeless women was relatively higher than in previous studies. The associated factors for contraceptive utilization included age, education, place for sleeping, income, sexual intercourse and history of pregnancy after joining the street life. The Regional and Adama town Health Bureau and facilities should develop targeted interventions to reduce the unmet need for modern contraception and halt unnecessary health outcomes among homeless women, their children, and families.

Henry Kaggwa

Heal Torch Medical Centre and Mengo Hospital, Kampala, Uganda

Traumatic Uterine Rupture in Second Trimester: Two Departments, Two Patients, Two Survivors

Abstract

Uterine rupture is defined as the complete division of all three layers of the uterus: the endometrium, myometrium, and perimetrium. Uterine rupture due to trauma often results from high-impact blunt abdominal trauma such as motor vehicle accidents, falls and domestic violence, and it is most common in the third trimester. Prompt diagnosis is necessary to treat this emergency, given its quick onset and progression, to prevent potentially life-threatening complications to the mother and fetus, notably fetal death, which commonly occurs in such cases. In this case, we present a 33-year-old female, Gravida 3 Para 2+0, with two previous uterine scars who sustained a traumatic uterine rupture at gestation of 18 weeks due to blunt abdominal trauma after a bathroom fall. The uterine rupture was surgically repaired, allowing continuation of pregnancy and delivery of a live baby 20 weeks later. We demonstrate a timely multidisciplinary approach to managing a pregnant trauma patient by surgical and obstetric teams to optimize outcomes for both the fetus and the mother.

Rupture of the gravid uterus remains a catastrophic complication of trauma, and in many cases, fetal death occurs. In this case, the pregnancy continued with live birth following the repair of a traumatic uterine laceration at 18 weeks; thus, uterine rupture should be highly suspected in all forms of maternal trauma regardless of the gestation age, although it is more common in later stages of pregnancy. This case shows that a good outcome can be obtained with a swift multidisciplinary approach to a pregnant trauma patient, thoughtful and careful repair of a traumatic uterine laceration.

Biography

Henry Kaggwa is a medical doctor holding a Bachelor of Medicine and Bachelor of Surgery from Busitema University. He is an early career reseaecher and a Co-founder of Heal Torch Medical Centre and Heal Torch Foundation, Uganda. He is Mellenium Campus Network Fellow Global Admission Reviewer 2024. He is an Aspire Leaders Alumnus 2022 and Mellenium Campus Network Fellow 2020. He is the 3rd president of Busitema University Research and Innovation Association (BRA).

Mansoura Eshghparast

Shahid Beheshti University, Iran

A case report on the effectiveness of lifestyle modification in the treatment of infertility in a 43-year-old woman with amh: 0.8 with a history of two negative transfers, once with her own embryo and once with a donated egg

Abstract

According to scientific references, anti- Müllerian hormone is a hormone known as ovarian reserve. The level of this hormone is low in girls until puberty, and in the period before puberty, its production begins in the ovaries, and at the time of puberty, it is produced by the granulosa cells of the antral follicles of the ovary. It is secreted and the level of anti-Müllerian hormone gradually decreases over the years and it will be almost unmeasurable during menopause, and its decrease causes a decrease in fertility

Method
About 1.5 years ago, for a 43-year-old woman with a history of negative ivf twice (once with her own egg and once with a donated egg) with an amh of 0.8, for whom I was once again offered a donated egg. Dieting included removing processed foods and preservatives, removing sugar, adding vegetables to the diet, and methods such as abdominal massage training, diaphragmatic breathing, pelvic floor strengthening exercises, and stress control techniques training. First, the menstrual cycles were adjusted without hormonal drugs, and about
9 months after changing the lifestyle, the pregnancy test was positive, and now they are spending 28 weeks of low-risk pregnancy.
Conclusion
Modifying the lifestyle by implementing stress control techniques plays a significant role in the treatment of infertility and childbearing and reduces the treatment costs and side effects of

hormone therapy.
Gratitude Thank you very much for the efforts of dear professor Mrs. Flora Tajiki, who have been my guide in this path. References Williams Novak

Biography

Mansoreh Eshghparast Midwifery expert
Shahid Beheshti University

Millie Can

Founder of The Skye High USA Foundation, United States

The Purple Butterfly - Supporting families during and after the loss of a twin, triplet or multiples

Abstract

The Skye High Foundation was established with one main mission: to offer support and care to families who have experienced the loss of a twin, triplet, or multiples by providing clinical resources and bereavement support.

Founded by bereaved parents who have faced similar heartache, they understand the devastating journey that parents, siblings and extended family members navigate during these difficult times. While already in use in every neonatal unit in the United Kingdom, the foundation now aims to expand these resources to hospitals and other institutions in the United States and later, around the world.

Their goal is to provide opportunity for enhanced clinical support, remembrance of loss and for families to be supported, whilst avoiding unnecessary and avoidable comments.

Working in partnership with the neonatal research team they now bring a worldwide solution to help improve the journey families may experience.

Biography

Millie Can, launched The Skye High Foundation in 2016 after the loss of one of her twins, Skye. She spent her maternity leave campaigning to make a change for others, launching the Skye High Foundation and is now on a life mission to raise awareness and to make these resources readily available around the world. Launching the non-profit, registered 501(c)3 in 2024 in the United states. She now passionately delivers talks to share her personal experience and to raise awareness of her work

Parva Pourbagherkhah

MSc of Optometry & Visual Sciences School of Rehabilitation Sciences, Tehran, Iran

Corneal thickness, contrast sensitivity and binocular vision in menopausal and non- menopausal women

Abstract

Objective
This study aimed to investigate the effects of menopause on ocular health and visual function.

Method
Sixty-two women (31 premenopausal and 31 postmenopausal) who visited Rasht Health Center were selected and matched based on their ages and compared in terms of their hormonal status, central corneal thickness (CCT), contrast sensitivity (CS), binocular vision variables and refractive error.

Results
CCT and corneal curvature were significantly thinner in postmenopausal women. However, menopause had no significant impact on CS, binocular vision or refractive error.

Conclusion
Age-related hormonal abnormalities play a significant role in corneal thinning, highlighting the intricate relationship between systemic hormonal changes and ocular health. In contrast, binocular vision functions remain unaffected by menopause.

Biography

Parva Pourbagherkhah is an optometrist and researcher with a strong academic background in vision sciences. She holds a Master of Science in Optometry from Iran University of Medical Sciences and a Bachelor of Science from Mashhad University of Medical Sciences, both ranked among Iran's top universities. Her research focuses on Visual system functions, Women's health, ocular imaging, and artificial intelligence in vision. She has contributed to researches on visual system function, corneal anatomy, and retinal vascular density. With clinical experience at Noor and Bina Eye Hospitals, she specializes in comprehensive eye exams, vision rehabilitation, and diagnostic imaging. Additionally, Parva has been actively involved in academic conferences, student associations, and teaching assistantant roles. Fluent in Persian, English, French and Turkish, she is dedicated to advancing vision research and improving patient care.

Raminder Kaur

Panjab University, Chandigarh, India

Untangling the menopausal symptomatology among rural women of India

Abstract

Menopause is physiological process that marks the end of a women's reproductive phase and its onset associated with varied symptoms. Menopausal symptoms show variability across globe, which may be attributed to various socio-cultural and biological factors. Therefore, the present research is an attempt to untangle the menopausal symptomatology among rural women of India. For this purpose, a total of 320 women age ranging from 45 to 60 years were selected from villages of Haryana, India. An interview-schedule method was used to collect information about socio-demographic, lifestyle, and behavioral profile of the rural women. The menopausal symptoms were ascertained using Greene-Climacteric scale. Further participants were stratified into four sub-groups i.e., pre-menopause, perimenopause, early post menopause (0-5 years after menopause) and late post menopause (6-10 years after menopause) as reported by them. Statistical analysis was performed using SPSS Version 23. The study reported mean age at menopause of rural women is 50.18+5.35 years. The majority of the women were homemakers (86.9%), married (77.5%), and exhibited a moderately active lifestyle (71.3%). Results revealed that 'excitable' (96.8%) followed 'feeling tired or lacking in energy' (95.6%) were the most frequently occurring menopausal symptoms, While the occurrence of rest of the menopausal symptoms in various clusters and sub clusters varies from 45.3% to 83.7%. The highest mean scores were recorded on the 'somatic cluster' (11.64±5.2), followed by the 'psychological' (anxiety=10.04±4.2), depression sub-cluster (8.60±3.9) and vasomotor cluster (2.18±2.2). The total score of Greene Climacteric Scale (TGS) revealed that women from the present study (TGS 34.13) are highly symptomatic. Therefore, there is an urgent need to promote menopause-specific awareness among women, especially those from rural areas to raise their health status as well as quality of life.

Biography

Dr. Raminder Kaur currently working as women scientist (WISE-PDF, Department of Science and Technology, New Delhi). Her post-doctoral research entitled "A study to explore depression, anxiety and quality of life in women with and without PCOS" reflects her commitment to advancing our understanding of women's health. She was Guest faculty in the Department of Anthropology, Panjab University, Chandigarh, India. She did her Ph.D. in 2021 from Department of Anthropology, Panjab University, Chandigarh. She holds a Junior Research Fellowship awarded by the University Grants Commission (UGC) in year 2016. Her research has significantly contributed to the interdisciplinary discourse between Anthropology and Public Health. Her prolific research is showcased through numerous publications in the esteemed Journals. Apart from her academic achievements, Dr. Kaur has actively participated in workshops, seminars, and conferences, both nationally and internationally. Her contributions in various forums highlight her commitment to the dissemination of knowledge and the promotion of collaborative research.

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