



conferenceseries.com



conferenceseries.com
712th Conference

International Conference on

Pain Research & Management

October 03-04, 2016 Vancouver, Canada

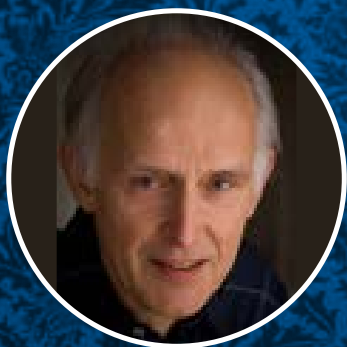
Keynote Forum (Day 1)



International Conference on

Pain Research & Management

October 03-04, 2016 Vancouver, Canada



Marco Romoli

University of Florence, Italy

Posturology: A new discipline involving art, well-being, physiology, pain management and prevention of musculoskeletal disorders

The thesaurus of the National Library of Medicine does not report the term “posturology” as a Medical Subject Heading (MeSH), but only “postural balance” and “posture”. Also in the subheadings of PubMed, we may find only generic terms such as posture control, head and foot posture, posture and low back or neck pain, etc. The sense of this is that “posturology” has not been yet recognized as an independent and important discipline involving several aspects such as well-being, ergonomics and sports performance. Exhaustive observations on humans have been performed since a long time by painters and sculptors looking and trying to reproduce in their artworks “ideal models” of posture. In the medical field however, posturology was introduced at first by French doctors only 30 years ago, but this topic is still unknown and likely underreported by English speaking authors probably for linguistic reasons. Another aspect which characterizes the delay in the appreciation of posturology as a valuable diagnostic is therapeutic method. It is still low evidenced based demonstration of the possible disturbing effects by anomalously functioning “receptors” such as the eye, the dental occlusion, the sole of the foot and the skin etc. For example, the weakness of one ocular muscle, the missing of one tooth, the asymmetry of plantar support or a long-standing active scar may cause postural misalignments associated with pain syndromes and functional limitation of the musculoskeletal system of uncertain diagnosis. The systematic and correct differential diagnosis of any postural disorder may be of interest in the pain management and prevention of musculoskeletal disorders.

Biography

Marco Romoli has completed his Graduated in Medicine from Florence University. He has completed his further studies in Acupuncture and related techniques from Japan, China, France, Austria and Italy. He has published more than 40 papers on Acupuncture, Ear Acupuncture and Neural Therapy. He has been serving as an Editorial Board Member in several journals of Complementary and Alternative Medicine.

markro@tin.it

International Conference on

Pain Research & Management

October 03-04, 2016 Vancouver, Canada



Hossam El Beheiry

University of Toronto, Canada

Current status of intrathecal therapy for cancer pain

It is estimated that each year in Ontario, Canada more than 1,600 cancer patients experience refractory pain at the end of life, even when they are given maximal opioid and non-opioid pain therapy. Intrathecal drug delivery systems may be used to manage such refractory or persistent cancer pain. Nonetheless, there is no definitive evidence that intrathecal treatment of refractory cancer-related pain is superior to other modalities. In this abstract we investigated and reviewed the benefits, harms and cost-effectiveness of intrathecal therapy compared with current standards of care for adult patients with chronic cancer pain. Current evidence could not establish the benefit, harm, or cost-effectiveness of intrathecal drug delivery systems compared with current standards of care for managing refractory cancer pain in adults. Moreover, the optimal timing of implantation, selection of intrathecal medication and specific strategies for dosing and administration has not been well defined. The available evidence showed that patients may have fewer drug side effects with intrathecal drug delivery systems, but they did not have less pain. We also found that routine pain management costs less than intrathecal drug delivery systems, unless the patient uses the system for 7 months or more. The latter is an important notion, since the increase in cancer survivorship will prompt the need for long-term management strategy for chronic cancer pain rather than the existing short-term palliative care approach.

Biography

Hossam El Beheiry has obtained his Anesthesia FRCPC Specialty Certificate in Anesthesia in the year 1994. In 1990, he completed his PhD from the Department of Pharmacology and Therapeutics, the University of British Columbia, Canada. He has also spent a year as a Fellow in Clinical Pharmacology at the University of British Columbia. He is a trained Neuroanesthesiologist at the University of Toronto, Toronto, Ontario, Canada. He has authored many publications in Opioid Pharmacology and Regional Anesthesia including complications of regional nerve blocks.

Hossam.El-Beheiry@trilliumhealthpartners.ca



conferenceseries.com



conferenceseries.com
712th Conference

International Conference on

Pain Research & Management

October 03-04, 2016 Vancouver, Canada

Keynote Forum (Day 2)



International Conference on

Pain Research & Management

October 03-04, 2016 Vancouver, Canada



Agaezi Ikwugwalu

Charmony Healthcare Center, Canada

Pain management and assessment for healthcare practitioners

Pain is an unpleasant feeling, produced by the brain indicating damage or potential injury to the body. Acute pain is a sudden pain that last for few weeks or months and is common with tissue damage such as sprain strain. Chronic pain last for more than 3 months and is not associated with tissue damage is not the issue. The assessment of a patient's experience with pain is a crucial component in providing effective pain management. Accordingly, effective pain management ought to include ways to reduce pain, increase comfort, improve physiological, psychological and physical function and increase most importantly increase satisfaction with pain management. In return this comprehensive pain assessment should not only allow for the healthcare professionals to describe the pain, make evaluate and make decisions about the pain, but also it could perhaps produce positive outcomes for the patient. Pain is subjective and thus, only the patient can really know what he or she is feeling. In health care, there are ways to go about assessing a patient's pain including self-report assessment and asking the patient information about his/her pain. However, the question is which way of exploring and assessing maybe more suited and is more effective for pain management? This paper examines the reliability of several widely used methods to assess patient's pain for healthcare practitioners and to determine which method is more suited and useful.

Biography

Agaezi Ikwugwalu is the Founder and CEO of Charmony Healthcare Center, a multidisciplinary clinic. She holds a Bachelor's degree in Microbiology, a Doctor of Chiropractic, Post-graduate Certificate in Diabetes Educator and a Post-graduate Certification in Exercise and Lifestyle Management. She has been involved in healthcare and wellness for more than 2 decades.

dr.gazes@gmail.com

International Conference on

Pain Research & Management

October 03-04, 2016 Vancouver, Canada

**Lizu Xiao**

Guangdong Medical College, China

The differences of chronic pain management between eastern and western medicine

The thoughts of Eastern Medicine:

- Oriental or Chinese medicine (CM), philosophy
- From thousands of years experiences and following the way of inductive method
- The concept of a small universe living in a large universe
- The duality concept of yin and yang
- Considering health as a balanced state versus disease as an unbalanced state
- The therapeutic concept in CM—the normalization or reestablishment of balance of the body function
- The eastern approach is preferring to adapt to the environment
- The concept of preventive medicine
- "General not feel any pain, pain is unreasonable.
- The emphasis is from the "within" to strengthen the enormous defensive and adaptive powers of one's body
- May accommodate physical or mental stress
- Working slowly and appearing to be less effective
- If successful, result is a balanced comfortable body and a happy person

The thoughts of Western Medicine:

- WM is Science and following the way of hypothetical deduction
- The western approach clearly divides the health from the disease
- WM tends to change the environment
- Artificial organs or tools used to replace the damaged organs or tissues
- Synthetic hormones or vitamins used for impaired bodily functions
- Anti-biotics, anti-inflammatory, anti-convulsant, anti-depression

Because of the different perspectives between Eastern Medicine and Western Medicine, the solutions are different. What are the differences? Listening to the lecture.

Biography

Lizu Xiao is Chief pain physician and Deputy Director for the Department of Pain Management of Shenzhen Nanshan Hospital in Guangdong, China. Member of International Association for the Study of Pain (IASP) and National Committee of Chinese Association for the Study of Pain (CASP) from 2013. Editor of the Chinese Pain Medicine Journal, and a professor & mentor of Guangdong Medical College. Visiting Scholar of the Stanford University from 2009 to 2010.

nsyyjoe@live.cn