

The right time of the SBT by prolonged weaning by COPD GOLD D patients with emphysema on respiratory intensive care unit to prevent VIDV

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Patient with COPD GOLD D with emphysema and prolonged Weaning after complicated pneumonia on intensive care unit and long term ventilation or after lung volume reduction surgery by massive emphysema must be relieved by ventilatory failure by a ventilation form via tracheal cannula or tubus with low PEEP and breath frequency to prevent a dynamic hyperventilation. In addition high caloric nourishment is needed by pulmonary cachexia in combination with a regular physiotherapy and effectively secrolytic and bonchodillatative inhalation therapy. Comorbidities like cardiac failure, infections, delirious and anemia must be treated. The right time of the first SBT and further extended SBT after performing respiratory support ventilation or high Flow therapy in combination with Patient with COPD GOLD D with emphysema and prolonged Weaning after complicated pneumonia on intensive care unit and long term ventilation or after lung volume reduction surgery by massive emphysema must be relieved by ventilatory failure by a ventilation form via tracheal cannula or tubus with low PEEP and breath frequency to prevent a dynamic hyperventilation.

In addition high caloric nourishment is needed by pulmonary cachexia in combination with a regular physiotherapy and effectively secrolytic and bonchodillatative inhalation therapy. Comorbidities like cardiac failure, infections, delirious and anemia must be treated. The right time of the first SBT and further extended SBT after performing respiratory support ventilation or high Flow therapy in combination with invasive ventilation therapy after exclusion of dysphagia is the main point to prevent VIDV and a reaching a successfully weaning with conversion on intermittently none invasive ventilation.

Speaker Biography

Lavae Mokhtari is consultant of Respiratory Intensive Care Unit in General Hospital Ibbenbueren since 2013. He has eight Publications, 18 National and International Publications, one Book Publication and 4 Scientific International and one National oral Presentation. He has 221 Citation. His main research interests are Risk factors of COPD GOLD D patients by prolonged weaning, quantitative CT and multimodal therapy of SCLC at stage limited disease. He is member of German and European Respiratory Society and German Interdisciplinary Society of Outpatient Ventilation.

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ECC-BYF combined with electro-acupuncture suppress inflammatory response in COPD rats via activating SIRT 1/NF-κB signalling

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Objective: To explore more efficient treatment for chronic obstructive pulmonary disease (COPD), effective-component compatibility of Bufeifei Yishen formula III (ECC-BYF III) and electro-acupuncture were tested on COPD rats, SIRT1/NF-κB signaling was further investigated to interpret the therapy.

Methods: 70 rats were divided into Control, Model, Aminophylline (APL), ECC-BYF III, Electro-acupuncture (EA), ECC-BYF III+EA, Sham electro-acupuncture (SA) groups randomly. Cigarette smoke exposure combined with repeated bacterial infections was used to establish COPD models in 1-12 weeks. From week 13 to 20, ECC-BYF III group and APL group received corresponding drugs. EA group received electro-acupuncture therapy, which Dazhui (GV 14), Feishu (BL 13) and Shenshu (BL 23) points were selected. ECC-BYF III+EA group received ECC-BYF III intragastrically combined with electro-acupuncture. SA group received simulated electro-acupuncture (non-acupoint). Pulmonary function, pulmonary histopathology, the expression of SIRT1/NF-κB signaling and inflammation related mRNA and protein were detected.

Results: Significant deterioration was detected in pulmonary function and pulmonary histopathology in COPD rats (P<0.01), and inflammatory state was illustrated by increased levels of IL-6, TNF-α and decreased levels of IL-10 (P<0.01). After the

intervention of APL, ECC-BYF III, EA and ECC-BYF III+EA, both pulmonary function and pulmonary histopathology were improved (P<0.05, P<0.01), while the levels of IL-6, TNF-α were decreased and IL-10 was increased (P<0.05, P<0.01). Additionally, the mRNA expression of SIRT 1, NF-κB, IL-6 and TNF-α were decreased and IL-10 was increased (P<0.05, P<0.01); the protein expression of SIRT 1 was up regulated, NF-κBp65 and Ac-NF-κBp65 were down regulated (P<0.05, P<0.01). The effect of ECC-BYF III+EA was better in improving pulmonary function, alleviating inflammation than the other treatment groups (P<0.01, P<0.05).

Conclusions: ECC-BYF III, electro-acupuncture as well as their combination can suppress inflammation, among which the combination therapy has been proved to be the most effective treatment, and the mechanism maybe involved in activating SIRT 1/NF-κB signaling.

Speaker Biography

Fan-li Jin is a doctoral candidate of Henan University of Chinese Medicine (Zhengzhou, China) and her tutor is Professor Jian-sheng Li, which mainly engaged in the prevention and treatment of respiratory diseases by Chinese medicine and is the author of more than 300 academic theses.

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Comparison of severity of covid infection in staff before and after vaccination

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Background: The Covid-19 pandemic has caused significant morbidity and mortality throughout the world. The disease burden has led to a lot of physical as well as mental stress to all the health care workers. Hospital staffs have maximum exposure making it extremely crucial to find a solution to reduce the disease burden among the hospital staff. In this study we plan to compare the severity of disease and outcome in Staff who were covid positive in pre vaccination period June to Dec 2020 and post vaccination period Jan to June 2021. This Study is a retrospective study by analysis of OPD patients, indoor records in this time period.

Aim of study:

1. To see the effect of covid vaccination on covid infection among staff working in a tertiary care covid hospital in pre vaccination period June to Dec 2020 and post vaccination period Jan to June 2021.
2. To compare the severity and outcome in staff who acquired covid in pre vaccination period June to Dec 2020 and post vaccination period January to June 2021.

Methodology: A retrospective observational study was carried out with the study subjects being all staff working in a tertiary care hospital who suffered from Covid 19 illness in the pre vaccination period from June to December 2020 and the post vaccination period Jan to June 2021 – a one year period.

Data Collection: Information was collected from Indoor and Outdoor records maintained in the hospital records.

Data Analysis: Age, Sex, Comorbidities, Type of Job, Type of test done, Date of Positive report ,Place of infection, Area of work ,Vaccination Status, Type of vaccine received, Treatment taken, Severity of illness, Oxygen requirement was recorded and analysis was done in both groups, in pre vaccination and post vaccination period.

Speaker Biography

Jayalaskhmi TK is currently working at Apollo Hospitals, Navi Mumbai, as senior consultant, pulmonologist. She has obtained her post-graduate master's degree (MD) in Pulmonary medicine at BYL Nair hospital in 1996 and MBBS at the prestigious KEM hospital in Mumbai in 1993. Subsequently she has served as faculty, Professor and head of department at DY Patil hospital in Navi Mumbai from 2001 to 2016. She has completed her postgraduate European respiratory diplomate in respiratory medicine in 2013. She has trained in interventional pulmonology and thoracoscopy at National University, Singapore under Dr Pyng Lee in 2015. She has been an active part of the National TB and MDR TB program and has been an initiator and promoter for the DOTS and DOTS plus TB programs and the PPIA program with ALERT -India. In 2019 she had completed trialect interventional pulmonology fellowship at Italy and received training in EBUS .Since March 2020 she is actively involved in management of Covid patients.

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Energy alterations in patients with ground glass opacity in SARSCoV-2 infection

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Introduction: Patients with SARS-CoV-2 can have alterations in the Lungs characterizing them as having pneumonia and they are usually treated with the use of antibiotics, with diverse outcome evolution. But there are some studies in the literature, of post mortem Lung biopsy and anatomy study, that these alterations of ground glass opacity are caused by Blood stagnation in the Lungs vessels, causing the symptoms of dyspnea and not by the virus itself.

Purpose: the purpose of this study is to show, according to these studies, that ground glass opacity in the Lungs, can be correlated with the energy status situation of the internal five massive organs previously to the SARS-CoV-2, that are responsible for the adequately flowing of the Blood inside the vessels, leading to the stagnation of Blood inside the vessels of the Lung, and causing these alterations in the Lung's radiography.

Methods: through one case report of female patient that has Covid-19 on May 2021. After waiting to be admitted in the hospital, her clinical evolution worsened and evolve to dyspnea after 7 days taking antibiotics and other highly concentrated medications. Her Lung tomography showed that 40% of her Lung were affected "by the infection". Her son called me and asked me for help. As I know that the majority of the population in this world are having energy deficiency in the five internal massive organs, responsible for the production of energy for the adequate flowing of Blood inside the vessels, I prescribed the use of highly diluted medications for her to have more energy to maintain the Blood flowing inside the vessels, according to the theory "Constitutional Homeopathy of the Five Elements based on Traditional Chinese Medicine".

Results: After three days of beginning of their take of these medications, she did not need to be intubated any more in the hospital, even her Lungs were affected in 70%, and the doctor allowed her to stay at home because her

clinical evolution become much better after the intake of homeopathy medications. She returned to my clinic after 15 days of the discharge from the hospital and I measured her chakras' energy centers and was completely deficient in energy (rated one out of eight), with the exception of the seventh chakra, that was normal, rated in eight.

Conclusion: patients with ground glass opacity at the Lung radiography could mean that there is Blood stagnation in the Lungs vessels and not due to the virus infection itself. The understanding of this meaning is important to the physician to know how to treat this condition, giving energy to the Blood maintaining circulating inside the Blood vessels, knowing that quite entire population in this world are affected by the influences of the electromagnetic waves, leading to this energy deficiency state, predisposing them to have stagnation of Blood, mainly when using highly concentrated medications, in this case, in the Lungs Bloods vessels, leading to ground glass opacity at Lungs radiography.

Speaker Biography

Huang Wei Ling, born in Taiwan, raised and graduated in medicine in Brazil, specialist in infectious and parasitic diseases, a General Practitioner and Parenteral and Enteral Medical Nutrition Therapist. Once in charge of the Hospital Infection Control Service of the City of Franca's General Hospital, she was responsible for the control of all prescribed antimicrobial medication and received an award for the best paper presented at the Brazilian Hospital Infection Control Congress in 1998. Since 1997, she works with the approach and treatment of all chronic diseases in a holistic way, with treatment guided through the teachings of Traditional Chinese Medicine and Hippocrates. Researcher in the University of São Paulo, in the Ophthalmology department from 2012 to 2013. Author of the theory Constitutional Homeopathy of the Five Elements Based on Traditional Chinese Medicine. Author of more than 100 publications about treatment of variety of diseases rebalancing the internal energy using Hippocrates thoughts.

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Automated near real-time ventilator data feedback reduces incidence of ventilator-associated events: A retrospective observational study

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Objectives: Critical care teams are encouraged to follow best practice protocols to help wean mechanically ventilated patients from the ventilator to reduce ventilator-associated events including ventilator-associated conditions, probable ventilator-associated pneumonias, and infection-related ventilator-associated conditions. Providers monitor for alerts suggestive of possible ventilator-associated events and advise when patients should undergo spontaneous breathing trials.

Design: Retrospective review of clinical data over 24 months.

Interventions: The Respiratory Knowledge Portal (RKP) was implemented in our ICU. For 13 months, RKP data were ported to ICU workstations (control). For the following 11 months, RKP were also presented on tablet computers (intervention) for use during multidisciplinary rounds. We performed a retrospective review of RKP data from before and after the implementation of the tablet computers.

Measurements and Main Results: Data were collected from 337 patients (187 control group, 150 intervention group). A decrease in the occurrence of ventilator-associated events was observed during the intervention group compared with the control group. Only 2.0% of patients in the intervention group experienced any category of ventilator-associated event, while 11.2% of patients in the control

group experienced one event ($p = 0.003$). Intervention patients experienced less ventilator-associated conditions ($p = 0.002$), infection-related ventilator-associated conditions ($p = 0.026$), and probable ventilator-associated pneumonias ($p = 0.036$) than control patients.

Conclusions: Fewer ventilator-associated events, ventilator-associated conditions, infection-related ventilator-associated conditions, and probable ventilator-associated pneumonias were seen during the period when Respiratory Knowledge Portal monitoring data was presented on tablet computers. There was no difference in time on ventilator or overall length of stay.

Speaker Biography

Harold Julius A. Oglesby, MBA, BSPPS, ASRT, RRT completed his MBA with a concentration in Health Administration at South University in Savannah, GA and his Bachelors of Science degree in Pulmonary Science at Concordia University in St. Paul, MN. Mr. Oglesby is the Manager of Pulmonary Medicine at Candler Hospital in Savannah, Ga. USA. He has published several articles and served on the editorial board of the Canadian Society for Respiratory Therapy journal.

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