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Feasibility of use of bilirubin a biomarkers and therapeutic use in DKD

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Histories of Bilirubin (B) were believed to be non-fatal. Heme catabolism waste produced sign of liver disease or in maximum deleted scene neurotoxic molecule. As in mammals, E. coli produces 4 copies of biliverdin (non-toxic substance) liberally. Presumably, not merely bilirubin is produced in mild hyperbilirubinemia by Gilbert's syndrome. High amounts of bilirubin in the upper quartile of current acceptance of bilirubin range from congenitally acquired metabolic disorders (DM, CVD, MetS) based on the mode of protein evaluation. Initial anti-oxidant ROS forage-the observed bilirubin as a sign of biological function in hemoglobin, besides working as a hormone in targeting mitochondrial function in the liver. Escalation of bilirubin sign in decreased oxidative stress based on these metabolic disorders.

DKD-20-40% patients T1D, T2D, Each diagnosis essential for progression-ESRD

Endothelial dysfunction was key as biomarker, progression, recurrent proteinuria, total bilirubin may be able to detect progression. Beasyl, cheap, routine investigation in management > stress required 4 biomarkers to avoid of CKD.

Bilirubin is a tetrapyrrolic compound synthesized from heme catabolism - generated in spleen RES

In humans, average of 4.4±0.7 mg/kg body weight of bilirubin per day. Senescent RBC's - majority of heme group, however, not only source 80% from hemoglobin/SRBBC's, other sources among myoglobin, Cytochrome c and other haemoproteins

like cytochrome-P450 in total 15-20% of available substrate for the process. Bilirubin is a meta-phenol (hydroxylated) conjugated. Excretion to bile due to its high water solubility. Jaundice may be a sign of abnormality. Initial bilirubin => Bilirubin by enzyme HMOX1 into biliverdin. Biliverdin + CO, Fe²⁺ + H₂O at current oxidative NADPH (reduced form). This enzyme is induced upon opening of heme ring, free iron tetrapyrrole ring. Biliverdin is reduced by cytosolic reductase (BLVR) in presence of NADPH.

Biography

Kulvinder Kochar Kaur is the scientific director of Dr. Kulvinder Kaur Centre for Human Reproduction, Jalandhar, Punjab, India. Where she manages the complicated cases of infertility. She graduated from LHMC Delhi in 1980 topping in medicine in all 3 medical colleges thereby getting the DR Devi Chand Gold medal from the late PM Smt. Indira Gandhi and also topped in all the MBBS subjects prior to that e.g. anatomy, pathology, biochemistry making her basics sound and later she managed the endocrine clinic in PGI Chandigarh during her MD days. Following that she reported the 40th world case hydrometrocolpos working in Saudi Arabia and has been working in the field of neuroendocrinology of obesity. GnRH control along with role of kisspeptins, prokineticins in human reproduction, AIDS and Cancer - during this period she managed to successfully treat the first case of non-gestational chorio carcinoma of uterine body in a young girl medically thereby preserving her fertility - the first case in world literature of its kind.

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