Journal of Clinical Dentistry and Oral Health

35th International Conference on Dental Science & Advanced Dentistry

March 10-11, 2022 | Madrid, Spain

A prelude to standardize the preparation of nah poh: Effect of emulsifying agent and crude palm oil types on the stability of emulsion



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Statement of the Problem: It's a new age we live in, more and more intellectual individuals are realizing there's a new way to look at healthcare. Rapid Preventative and habit transformation(RPHT) is that new way. To explain what preventative and habit transformation is, we need to explain what it is not. It is not conventional or alternative healthcare. You know the drill, you wait in a cold environment for a long time to see the doctor and then you get a one size fits all treatment. You leave with a prescription, drug sample or concoction knowing deep down inside this is not addressing the core issues. It's like having a fire in your home and the firefighters come and remove the batteries from the fire alarm. It's crazy I know but that's what we do with our health every day. We go get pain killers to numb the pain. Preventative and habit transformation is a customized approach addressing the core or underlying issue behind the disease. It uses "mind and health hacks" that are easy yet powerful solutions and lifestyle strategies. RPHT maximizes brain power, energy and peak performance while optimizing health and preventing disease. RPHT has 3 pillars. First pillar is the removal of toxicities. Second pillar is creating micronutrient sufficiency and third pillar is to inject a few peak performance habits in our daily lives. According to the cutting-edge Epigenome project, only 2%-3% of our genes predisposes us to disease and we control our destiny by the decisions we make and the environment we surround ourselves with psychologically and physiologically. In other words, we inherit our habits not the genes that predisposes us to disease, obesity and low performance. On the other hand; the levels of heavy metals varied significantly among sampling area, the concentrations of all studied metals is significantly higher in the snails sampled from heavy industry areas with high pollution compared to those collected from urban areas characterized by moderate pollution. This study evaluates different storage methods on post-harvest pepper-fruit. Freshly harvested pepper-fruits purchased from farmers in major markets in Sango-Ota, Nigeria; and were subjected to three storage conditions including five different concentrations of aqueous and methanolic leaf extracts, leaves of Ficus exasperata, Gmelina aborea and Musa paradisiaca; and untreated with the extracts. All the different storage conditions were stored at varying temperatures of 4OC, 25OC and 37OC. Each storage condition was estimated for total bacteria and fungi counts from zero to 15th day using plate count method. Isolated bacteria strains were characterized and screened for virulence factors (lipase, biofilm, protease, haemolysis and cellulase). Antibiotic resistance, resistance plasmids profile and curing were done. Pepper-fruit coated with 100mg/mL methanolic leaf extract of Ficus exasperate showed significant reduction in both bacteria and fungi count compared to other leaf extracts. Highest bacterial count (332±0.33CFU/g) was observed in Musa paradisiaca at 6.25mg/ml while lowest count of (177±0.53 CFU/g) was observed at 100mg/ml for Ficus exasperata. Fungal growth was not observed until day 4 in both covered and uncovered (control) pepper-fruits. Aqueous Musa paradisiaca at 6.25mg/ml had highest fungi count of 5.96 ±0.29 CFU/g. Bacillus subtilis was highest (26.1%), Pseudomonas aeruginosa (18.4%), and Staphylococcus aureus (16.0%). Bacteria strains (44.4%) produced lipase, protease, biofilm and cellulase virulence factors. Only 44.4% of bacterial isolates were resistant to augumentin, erythromycin and ciprofloxacin. After the curing four bacterial isolates were sensitive with R-plasmid weighed 21.5bp. both whole leaves and extracts of Ficus exasperata leaf significantly reduced the microbial load on the pepper-fruits indicating its ability to improve the shelf-life than others. It was also deduced that one out of the four bacteria resistant trait was not plasmid mediated. Women who have experienced intimate partnerviolence

(IPV) are at greater risk for physical and mental health problems including posttraumatic stress disorder (PTSD) and alcohol dependency. On their own IPV, PTSD and alcohol dependency result in significant personal, social and economic cost and the impact of all three may compound these costs. Researchers have reported that women with these experiences are more difficult to treat; many do not access treatment and those who do, frequently do not stay because of difficulty maintaining helping relationships. However, these women's perspective has not been previously studied. The purpose of this study is to describe the experience of seeking help for alcohol dependency by women with PTSD and a history of IPV in the context in which it occurs. Methodology & Theoretical Orientation: An inter subjective ethnographic study using hermeneutic dialogue was utilized during participant observation, in- depth interviews and focus groups. An ecological framework was utilized to focus on the interaction between the counselors and the staff to understand this relationships and the context in which it occurs. Findings: The women in this study were very active help seekers. They encountered many gaps in continuity of care including discharge because of relapse. Although the treatment center was a warm, healing and spiritual place, the women left the center without treatment for their trauma needs and many without any referral to address these outstanding issues.

Biography

Known as "the pharmacist of the future", Dr. Hanan is part of the world's leading experts in high-performance, preventative and habit transformation healthcare. As a successful entrepreneur and owned 3 different companies, she is a trusted advisor and high-performance consultant to leaders, managers and senior executives in the Mena region. She graduated from the most prestigious clinical pharmacy doctorate program in America (St. John's University, New York) and has invested over 25 years' experience in healthcare, health retreats, educational seminars and cutting-edge alternative health methods' certifications to help her clients gain a competitive advantage for themselves and their organization. She has received certifications for "Excellence in Healthcare quality" and preventative disease. She received awards for being a keynote speaker on "preventative and habit transformation healthcare" from the likes of Dr. Rashid Alleem's 9th Annual Leadership & Management Congress Week. Dr. Hanan's research papers are included in books like the "21 Alleem Sustainable Development Goals which is introduced by H.E Dr. Rashid Alleem.

Sponsoring University:

The University of Ngaoundéré is a public university located in Ngaoundéré, Adamawa Region in Cameroon. It was established on 19 January 1993 by Presidential decree. Officially recognized by the Ministère de l'Enseignement Supérieur, Cameroun (Ministry of Higher Education of Cameroon), Université de Ngaoundéré (UN) is a large (uniRank enrollment range: 25,000-29,999 students) coeducational Cameroonian higher education institution. UN also provides several academic and non-academic facilities and services to students including a library, housing, sports facilities, as well as administrative services.

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