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German S3-clinical practice guideline: Topical treatment of chronic wounds at patients with the risks of occlusive arterial disease, Diabetes Mellitus and chronic venous insufficiency - Importance and consequences for wound management

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The management of patients with chronic wounds is a great and demanding challenge. Several and partly contradictory approaches, different treatments and unmanageable amount of dressings lead in confusion and uncertainty. A concerted recommendation is essential to improve the patient centered care and the use of health care system resources. The DGfW [German society of wound healing and wound treatment] initiated the German S3-Clinical Practice Guideline: Topical treatment of chronic wounds at patients with the risks of occlusive arterial disease, Diabetes Mellitus, and chronic venous insufficiency. Due to the absence of high evidence, the fundamentally statements and recommendations are based on a consensus.

The essential outcomes are:

- Background of all is accurately timed diagnosis and treatment of the underlying disease.
- The guideline ends in 12 different recommendation chapters like diagnosis, wound documentation, general types a.s.o.
- Issue of a nomenclature: In consideration of a common language in the management of chronic wounds, the guideline defines different terms.
- Algorithms: Three different algorithms are developed and introduced.
- Common classifications and gradings.

Overall the German S3-clinical practice guideline offers no new knowledge or results. Most fields of the S3-guideline are restricted and end in a limitation of statements. The exclusion of bacterial load ends in a relevant limitation and handicaps the implementation and use additional. In summary, the new S3-guideline represents a well-done approach with regard to the future and prospective studies in care of patients with chronic wounds. The introduced algorithms and nomenclature is a usable present and available common proceeding and language.

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Naringin mitigates cardiac hypertrophy and oxidative stress associated JNK activation in Type 1 Diabetes Mellitus

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Cardiac hypertrophy in Type 1 Diabetes Mellitus is attributed to increased oxidative stress associated activation of c-Jun Nuclear Kinase (JNK). We investigated the effects of naringin on hyperglycemia-associated oxidative stress, activation of JNK-1 and cardiac hypertrophy. Male Sprague-Dawley rats (225-250 g) (n=7) were divided into 6 groups. Groups I and II were orally treated with distilled water {3.0 ml/kg bodyweight/day (BW)} and naringin (50 mg/kg BW), respectively. Groups III-VI were rendered diabetic by a single i.p injection of 60 mg/kg BW of streptozotocin (STZ). Groups III, IV, V and VI were further treated with subcutaneous insulin (4.0 I.U, twice daily), naringin (50 mg/kg BW), distilled water (3.0 ml/kg) and ramipril (3.0 mg/kg BW), respectively. After 56 days, the animals were sacrificed then plasma and cardiac tissues obtained for further analysis. Naringin treatment of diabetic rats significantly reversed oxidative stress, lipid peroxidation, proteins oxidation, cardiac hypertrophy indices, and JNK protein activation compared to untreated diabetic animals. Our results do suggest that naringin mitigates cardiac hypertrophy by inhibiting oxidative stress leading to inactivation of JNK-1. Naringin supplements could therefore ameliorate cardiac hypertrophy in diabetic patients.

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