Case Reports and Reviews: Open Access

Clinical Case | Vol 5 Iss 2

Pharmacological Directive in Diagnosing Dysexecutive Syndrome: A New Plebiscite in Prescribing Medication for Trauma Center Research

Vivian Lunde Dadon[1*], V Lyinda Dadiyane[2], Vivian Wolfsson[3], Simone Bridgesson[4], and Mnuka Edmundsson[4]

[1]Laboratory Center, Oak Ridge Laboratory, DPO, US

[2]Lofton Epidemiology Laboratories, Mobile Units, DPO

[3]Fleet Ecology Epidemiology Laboratory, DPO

[4]The Research Institute (AHI) Allied Health Institute M.Sc., FPO

[*]**Corresponding author:** Dadon VL, D Laboratory Center, Oak Ridge Laboratory, DPO, US; E-mail: mllcsage808[AT]gmail.com

Received: September 23, 2024; **Accepted:** October 18, 2024; **Published:** October 25, 2024

Abstract

In this research discovery we reference abstract key points and manuscript on Neurobiology, Psychiatry, and Trauma Medicine. We apply a scientific research method to a Trauma Case were a patient recovered 65 percent of cognitive functions, and Central Nervous system with mobility, and cognitive development. The patient presented with dysexecutive disorder with injury to frontol lobe manifestations psychological issues, and Trauma Center research center scored the case as Level V, Trauma/or Urgent Care for Neurological Disorder and/or Psychological Disorder.

Keywords: ***Neuroscience and trauma; Neurology of brain disorders; Prescription medications; Frontal lobe damage; Psychiatric conditions, Physiology and immunology; Pathology and radiology; PET/SCANS, length of stay; Research and development.***

1. Objective for Clinical Case

The vital importance of Neuroscience is to enhance awareness on brain disorders. As physicians working in our private practice, we decided to discuss the 3rd. Annual Congress the Neurobiology of Brain Disorders, and Neuropsychiatry. We focused on a diagnosis in our clinical center for dysexecutive syndrome which encompasses a frontal lobe damage to organic species brain. Our Medical Devices, laboratory scans, and ECG/EKG profiles drafted conclusive findings, were we can explain and further our scientific analysis through a series of tests that will determine the co-morbidity of the

Citation: Dadon VL, Dadiyane VL, Wolfsson V, et al. Pharmacological directive in diagnosing dysexecutive syndrome: A new plebiscite in prescribing medication for trauma center research. Case Rep Rev Open Access. 2024;5(2):145.

clinical cases. We would like to summarize the important of the vital role General Internal Medicine Plays to prognosis, but here we focus on trauma and psychiatric condition.

In this article, you will be presented with illustrations, images, and explanations on how we came to those conclusions after 12-month observance of the prevalence of neurological disorders associated with psychiatric disorders. We will briefly discuss the Neurobiology of how a brain functions and disseminate the malfunctions of how it relates to its environment.

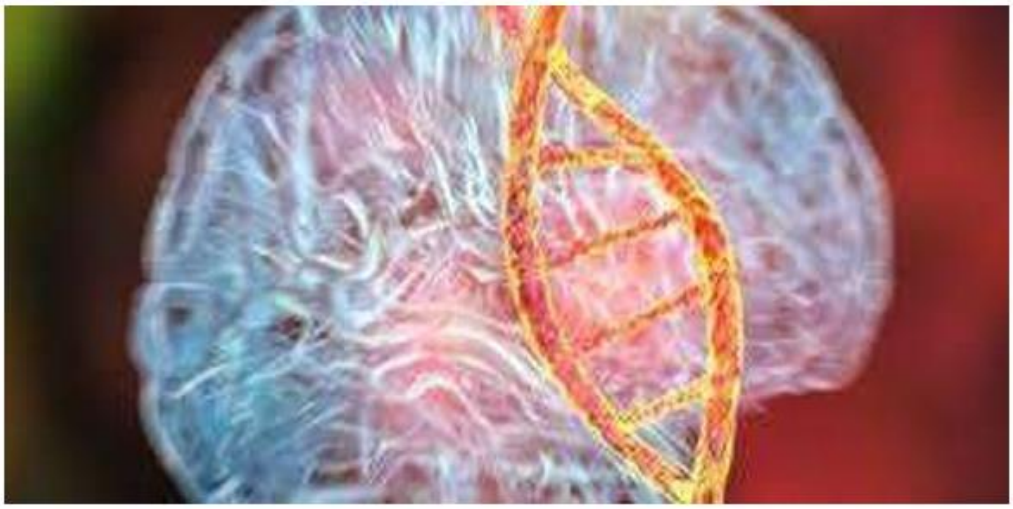

Fig. 1. Image of a PET/SCAN with genetic features of a "Brain" the importance of its central nervous system, and the shape and form, were most of the psychiatric disorders are housed.

2. Experimental Clinical Case Summary

A1. This Clinical Case will summarize a guided theory and approach to rehabilitation, and physiotherapy, psychiatry, clinical pharmacology and therapeutics pharmacology. We will be applying modern technology to approaches in rehabilitation of executive disorders, executive actions, and best practices for treatment of dysexecutive syndrome (frontal lobe damage).

A2. We provided a clinical case here, with a patient presented with symptoms of psychiatric cognitive disorders, and vestibular functions disorder (hearing loss), also migraines. These are unresolved in trauma center.

B1. The patient was presented in our trauma center listerserv units. We proceeded to to get a PET/SCAN of the organic species, and remarkable diagnosed a frontal lobe damage to the brain, upon retrieving lost data from the Siemens listerserv, it also came to surface the dyskinesia in the clinical case profile, were the frontal lobe damage also manifested into dyskinesia symptoms. The patient is presented to the trauma center for further Qualified Medical Examiner tests, and diagnosing regime [1]. {Theranostics in Pharmacology and Toxicology}. The effects of the drug were tested in toxicology laboratory by Pharmacologist before the clinical case was approved.

B2. We adhered to Pharmacology Directive and Participating in administration of registered psychoactive drugs, the call was placed to to monitor the organic species for 7 days. The Dysexecutive Disorders is a Neurological Damage to the Brain, with manifestations of psychological diagnosis {Practical Aspects of Signal Detection in Psychological Disorder Executive Disorder} and mental health diagnosis, the post traumatic event causes an array of signs and symptoms, and illness to the brain, pharmacovigilance is greatly needed to continue speculating the damage to the internal features of the brain such as frontal lobe [2], [3].

B3. Medications administered were approved by Prof Lubec, certified DEA/EMA Laboratory Expert, and Pharmacists for Hospital Medicine and Sports Medicine. The Librium, and Serax were administered through IV-B and IV-E. Serax was administered as an anti-psychotic agent 20-25 mg/PRN PO once daily for 7 Days, monitored 2-4 times a day. Librium 10-20 mg/PRN PO for the anxiety. We then proceeded to administer DOCA (11-Deoxycorticosterone for the Frontal Lobe Damage), diagnosed in the Scan. This was administered at 25 mg/PRN PO 2 days a day, and detox cortisol level response were monitored through a pathology laboratory.

C1. We found that the DOCA (medications) was lowering or reducing the co-morbid level of tissue damage to the brain, we performed another scan, undeniable the features of the tissue, and glandular hyperplasia was shrinking. The Reference Range, and Interpretation were part of the collections and panels. This is important to treat because the brain damage, with psychological diagnosis was treated through Trauma/Emergency Services and regime.

C2. For 7 Days we monitored the Physiology, and conclusively drafted a Pharmacological Directive on Trauma Clinical Case with Psychiatrics Disorders for Dysexecutive Syndromes [2].

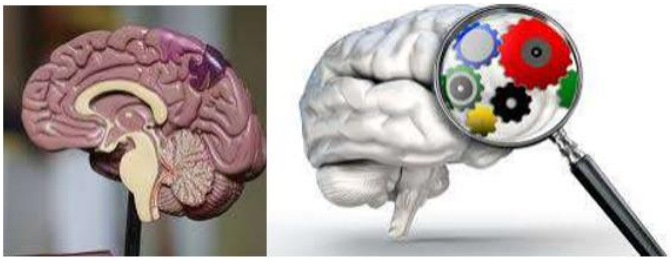

Fig. 2. Anatomy and physiology of the brain, with its central nervous system functions, and neurophysiology.

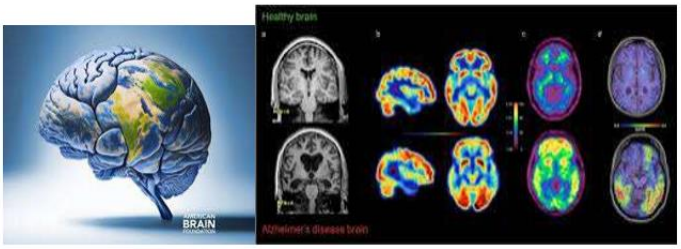

Fig. 3. International model of neurology and brain scans.

Fig. 3. a. above left we see a portrayal of a brain sculpted from material science, b. top right we see the intricate networks in the brain that work to enhance its cognition and functions. C. lower left we see a illustration of the Global Prevalence of Brain disorders and psychiatric conditions, unhealthy how its grouped into "Global Complex", d. lower right we see a PET/SCAN of a "brain" in cross sectional interventional radiology, to show the front damages, and the vestibular functions, in the diagnostic features with color codex [4].

3. Results During Laboratory Experiment

The Results from the Clinical Case presented in our Trauma Registry has a Reference Range, undeniable responses to 11-deoxortisol, interpretation results (12-month prevalence in psychiatric disorder with Neurological Damage), collection panels, scans, subtexts, clinical trauma class IV, Drug Enforcement Registry, with EU Medicine Agency Certificates {15 Psychopharmacology treatments of executive disorder} The workshop and training were performed at proxy, in our International Nuclear Science Laboratory, commissioned by International Research and Development Committee, Basel University. The results presented a wide range of trauma cases for 2024-2025 to be analyzed and tested, and audits for our Radiology Reports gathered through the Observations of the Psychiatric Conditions. The adverse reactions were the dyskinesia in the orientation of the profile structures, and no other adverse reactions were disseminated because the organic species had a preexisting conditions. Our (IHG) Island Health Group doesn't prescribe or perform further studies for pre-existing conditions, unless it's an emergency case, or its needs a coverage through Lofton Epigenetics Laboratories, Unilabs Hematology Centers. We have our own Medical Group as Private Insurance for our Clinical Cases [5]-[8].

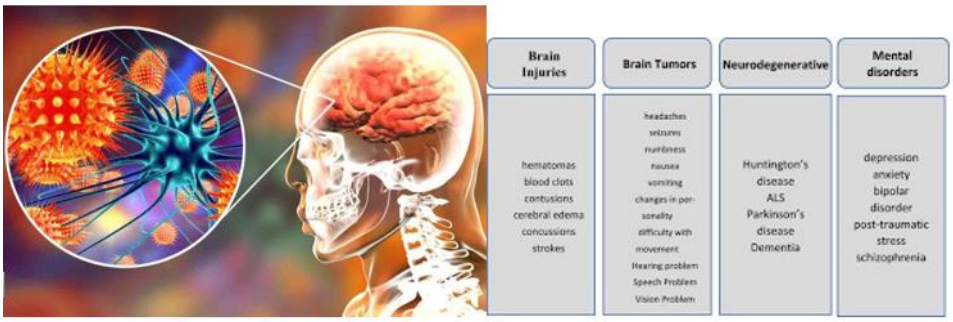

Fig. 4. (A) Top Left- We show the epigenetics of the brain, how we extract cases, for prescribing, trauma center hospitalization. (B) Top Right- We show which cases are used in our clinical cases summaries, and we map out in the article of medical research the diagnosis, prognosis, and treatment based on Pharmacology Standards in each Zone.

4. Conclusion

The neurobiology of psychiatric conditions affects the entire body. In this article we will discuss the functions of physiology associated with Brain Disorders stemming from psychiatric conditions. We will also provide a simple to follow Directive on prescribing through Advanced Hierarchical Research Survey's providing Medication side effects, risks, and leverage for continuing research in the field of Psychiatric conditions associated with Neuropsychiatric

Disorders.

5. Acknowledgments

To Lofton Epigenetics Laboratories L.P, for POLIX-1 and POLIX-2 Programme 2022-2026 EU/Grants Participant Registry for Graduate Studies in Molecular Sciences, and IHG Island Health Group. Research Institute (AHI) Allied Health Institute, International Mortuary Science Institute _RI, Vivian's Journal of Medical and Drug Discoveries, Lofton Toxicology Laboratories E-1500 Series.

6. Conflict of Interests and Declaring Competing Interests

The authors don't work with European Countries, or United States, they are a Federal Reserve Laboratory under CLIA/CMS/EMA.

REFERENCES

1. European Monitoring Centre for Drugs and Hierarchy Research Survey. European Drug Report 2023-2026. Trends and Developments; 2023. [Online]. Available: https://doi.10.2810/161905
2. European Medicines Agency (EMA). Guidelines on pharmacovigilance practices (GVP) Module VI- collection, management and submission of reports of suspected adverse reactions to medicinal products; C058058F32C.
3. Lind quest M. European Centre for Disease (ECDC) (EMCDDA) and (EURO-Den Plus). The Need for definitions of pharmacovigilance. Drug Safety. Clinical Pharmacy; 2024.
4. Muller U. 22 Pharmacological Treatment. Oxford Academic Books-4; 2008.
5. European Medicines Agency (EMA)- Pharmacovigilance. Monitoring of medical literature and entry of adverse reaction reports into Eudora Vigilances; 2018. [Online]. Available: http://www.ema.europa.eu/ema/index
6. CIOMS, Practical Aspect of Signal Detection in Pharmacovigilance. Report of CIOMS working groups VIII.CIOMS, Geneva, 2010. p 14.
7. Rickards H. 15 Psychopharmacological treatments of Executive disorder's following brain injury. Oxford Medicine. 2008; p. 271-288. [Online]. Available: https://doi.org/10.1093.med/9780198568056.003.0015
8. Theranostics in Pharmacology and Toxicology. Ivyspring International Publisher. Australia. 2012-2023.

Citation: Dadon VL, Dadiyane VL, Wolfsson V, et al. Pharmacological directive in diagnosing dysexecutive syndrome: A new plebiscite in prescribing medication for trauma center research. Case Rep Rev Open Access. 2024;5(2):145.