

**SCIENTIFIC PROGRAM**

**SECOND INTERNATIONAL FORUM**

**“Traditional Medical Systems of the World 2016”**

**Moscow, 5 - 8 December 2016**

**WITH THE SUPPORT OF**

|  |  |
| --- | --- |
| http://t3.gstatic.com/images?q=tbn:ANd9GcSbbKkHyTryO9SrApv57Cet7EsIdWL6SvFvQG-AmMzDq-QCgaAiqAewbw | **HEALTHCARE COMMITTEE OF RUSSIAN STATE DUMA**  **MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION**  **EMBASSY OF INDIA IN THE RUSSIAN FEDERATION**  **MINISTRY OF AYUSH** **INDIA** |

**ORGANIZERS**

|  |  |
| --- | --- |
| **I.M. SECHENOV FIRST MOSCOW STATE MEDICAL UNIVERSITY** |  |
| **AYURVEDA RUSSIAN-INDIAN ASSOCIATION** | C:\Users\Anita\Desktop\ОБЩАЯ ПАПКА\АРИА\1. Документы АРИА\logo_aria_map_eng.jpg |
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**Contacts:**

**Тел.: +7 (495) 771-14-41**

**E-mail: tmsm-forum@mail.ru**

**https://www.tm-expo.ru/**

**SECOND INTERNATIONAL FORUM “Traditional Medical Systems of the World 2016”**

**Moscow, 5 - 8 December 2016**

**SCIENTIFIC PROGRAM**

**Main theme:** Legal aspects and achievements of the application of state policy in the field of traditional medicine in the world.

**The scientific program**

1. Traditional Medical Systems - an innovative direction in Healthcare of countries.

2. Legal support of the application of TM in public healthcare.

3. Policy of TM application and obtained achievements in the country's health in improving the quality and effectiveness of diagnosis, prevention, treatment and rehabilitation.

**Scientific activities of the Forum will be held on 5, 6 and 7 December – from 9.00 to 18.00;   
on 8 December – from 9.00 to 15.00.**

**The Forum program includes** – scientific symposia, plenary sessions, conferences and teleconferences, discussions, meetings, plenary lectures, assembly lectures, clinical reviews, lectures for practitioners, educational seminars, schools for practitioners.

**Looking forward to your proposals for interesting scientific events!**

**Applications will be accepted up to and including 21.10.2016**

1. Application for lectures, clinical analysis, report. (Appendix 1)

2. Application for a conference, symposium, educational seminars, discussions. (Appendix 2)

3. Application for publication of abstracts in the Materials of the Forum. (Appendix 4)

4. Application for participation in the scientific program of the Forum. (Appendix 5)

**PLEASE NOTE: THIS IS IMPORTANT!**

Applications should be filled on the organization's letterhead and sent in electronic form in a text editor MS Word (attachments) to the address e-mail [tmsm-forum@mail.ru](mailto:tmsm-forum@mail.ru)

Together with **Appendix 2** should be sent the registration card to the event chairmen, **Appendix 1** - registration card to the lecturer (speaker), **Appendix 4** - receipt on payment of abstracts.

Sponsors of the Congress in accordance with the terms of the sponsorship are provided with an advantage in the selection of the date, time and venue of the scientific event.

The organizing committee reserves the right to reject an application for participation in the scientific program.

**Appendix 1**

**ORGANIZATION LETTERHEAD**

**APPLICATION**

**At the lecture, clinical reviews, report**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please include in the scientific program of the International Forum "Traditional Medical Systems of the World" | | | | | |
|  | | | | | |
|  | **lecture** (45 min), |  | **clinical review** (45 min) |  | **report** (15 min) |
|  | | | | | |
|  | | | | | |
| **Title** | | | | | |

Lecturer (rapporteur) surname, name (full name ), e-mail

|  |
| --- |
|  |
| It shall be accompanied registration card (Appendix 4) for the lecturer/speaker |
| **The brief summary** (3-4 sentences indicating the object of study) |
|  |

**Executor:**

|  |
| --- |
|  |
| Last name, first name of the contact person, tel./e-mail |

For companies the cost of lectures, clinical analysis - $ 150, Report - $ 50.

Registration fee is paid in addition

Payment is made after invoicing

**INFORMATION ON THE APPLICANT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title |  | | | |
|  |  | | | |
| Legal address | |  |  |
|  | | Index |  |
| Actual address | |  |  |
|  | | Index |  |

BANK DETAILS OF THE PAYER

|  |  |
| --- | --- |
| Legal name |  |
| Bank |  |
| BIC |  |
| Checking account |  |
| Correspondent account |  |
| ITN |  |
| IEC |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Head of company |  | Signature |  | Name, surname |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **«** |  | **»** |  | **201** |  |  |

Place of stamp

**Appendix 2**

**ORGANIZATION LETTERHEAD**

**APPLICATION**

For the conferences, symposia, seminars, discussions, meetings, workshops

|  |  |  |
| --- | --- | --- |
| **Please include in the scientific program of the International Forum "Traditional Medical Systems of the World"** | | |
|  |  | (Indicate the form of event) |

|  |
| --- |
|  |
| Event title |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hall for** |  | **seats** | | | | | | |
|  | | | | | | | | |
| **The duration of event** | | |  | **1,5 h** |  | **2 h** |  | **3 h** |

|  |
| --- |
| The decision on the date, place and time of the event is accepted by the Program Committee. The advantage is provided by the sponsor of the Congress in accordance with the terms of the Agreement. |

**The Chairman (s) (in alphabetical order)**

|  |
| --- |
|  |
| Last name, first name, middle name (in full)  To the Application must be attached registration card (Appendix 4) for chairmen |

The purpose and objectives of the event (to introduce the ... to present new data on ...)

|  |
| --- |
|  |

For what experts this event is aimed to

|  |
| --- |
|  |

Standard equipment in the room: multimedia projector, laptop, microphone (in the halls of more than 50 seats). If necessary, specify additional technical equipment:

|  |
| --- |
|  |

**PROGRAM**

|  |  |  |
| --- | --- | --- |
| № | **Last name and initials of speakers**  **(Indicated by a maximum of three co-authors of the report)** | **Title of report** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

**Executor:**

|  |
| --- |
|  |
| **Last name, first name of the contact person, telephone / fax, e-mail** |

For companies the cost:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **The duration of event** | **500**$ | **1,5 h** | **700**$ | **2 h** | **1000**$ | **3 h** |

Registration fee is paid in addition

Payment is made after invoicing

**INFORMATION ON THE APPLICANT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title |  | | | |
|  |  | | | |
| Legal address | |  |  |
|  | | Index |  |
| Actual address | |  |  |
|  | | Index |  |

BANK DETAILS OF THE PAYER

|  |  |
| --- | --- |
| Legal name |  |
| Bank |  |
| BIC |  |
| Checking account |  |
| Correspondent account |  |
| ITN |  |
| IEC |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Head of company |  | Signature |  | Name, surname |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **«** |  | **»** |  | **201** |  |  |

Place of stamp

**Appendix 4**

**THESIS of the FORUM**

**SECOND INTERNATIONAL FORUM “Traditional Medical Systems of the World 2016”**

**Moscow, 5 - 8 December 2016**

**ABSTRACTS**

The works to be published in the Materials of the International Forum “Traditional Medical Systems of the World” will be accepted until 21.10.2016 including.

The cost of publication of a work is 30$, including VAT (18%) and do not include the cost of Selected collection.

From one author no more than two works is taken, stored in a text editor MS Word, not above 2003 version

**PLEASE NOTE: THIS IS IMPORTANT!**

• Each work must be created in a special template (see. Rules for patterns)

• The total number of lines in one operation should not exceed 35

• Abstracts created without using a pattern and / or without payment details will not be considered

• Submission of abstracts for publication is not an application for report

• Authors, paying only the publication of abstracts, do not fill in registration cards

**Rules for abstracts**

Paid 50€ per 1 work, the receipt number № 0001 dated 10.09.2016, the payer Monasypova L, Tel 100 000 00 00, e-mail xxxx@xxx

Name of responsible person for the publication of abstracts Monasypova L., Sharma E.

Ayurveda Russian-Indian Association. Moscow, Russia

Study of the effects of Ayurvedic treatment Triphala-takradhara on negative symptoms of schizophrenia

**The purpose** of the method to study the effect of Triphala-takradhara on negative symptoms of schizophrenia

**Materials and methods**: Open clinical study in patients with chronic schizophrenia. 20 patients aged 20 to 60 years with the negative symptoms of schizophrenia according to the criteria of DSM-IV, were subjected to the procedure of Triphala takradhara within 7 days, the duration of each treatment was 48 minutes. During this procedure the patient's forehead was watered continuous stream of warm buttermilk with a multicomponent herbal preparation Triphala, which includes Terminalia chebula Retz, Phyllanthus emblica Linn, Terminalia bellerica Roxb. Before and after studies evaluated the negative symptoms on the Scale of Assessment of Negative Symptoms (SANS): affective flattening, ALOGIA, apathy, abulia, anhedonia, asocial, impaired attention.

**Results:** As a result of the method, a decrease on a scale 'affective flattening' of 41, 2% (p <0.001), on the scale of "ALOGIA" by 46.5% (p <0.001), on the scale of "apatite-abulia" on 32.7% (p <0.001) on the scale "Anhedonia, asocial" by 12.3% (p <0.01) on a scale of "attention deficit disorder" by 31.4% (p <0.001). The total score SANS scale decreased by 31.17% (p <0.001).

**Conclusions:** The Ayurvedic treatment takradhara Triphala can be recommended to influence the negative symptoms of schizophrenia.

**Section**: Modern approaches and innovative technologies in the prevention, diagnosis and treatment of non-communicable diseases

To create a document containing the abstract, use ABSTRACT design pattern (MS Word)

**In the abstracts**:

• Do not place the tables or pictures in the text.

• The maximum number of lines - 35!

**Submission of abstracts** is made by e-mail [tmsm-forum@mail.ru](mailto:tmsm-forum@mail.ru) by the attached files.

The theme of the e-mail must be indicated: the word "**abstracts**", the name and initials of the first author (or abbreviation of the sending organization), the name of the city, the number of works in the report (such as theses or abstracts AtreyaMoskva10 or PetrovPPTver2).

Getting abstracts by e-mail certainly confirmed by the Secretariat of the Organizing Committee to the address of the sender.

**How to check whether a ABSTRACTS.** List of received and accepted for publicationAbstracts will be posted on the website [www.tm-expo.ru](http://www.tm-expo.ru) after November 10, 2015. Deadline for possible comments, additions and amendments - 7 days of placing your listing theses online.

**PAYMENT OF ABSTRACTS**

**Requisites for the transfer of currency ($)**

|  |  |
| --- | --- |
| Recipient  Recipient address | NP Ayurvedicheskaya russko-indiyskaya assotsiatsiya  TUP. KRASNOPRUDNYY M, DOM 2 office 135  MOSKVA, ROSSIYA  INN 7708240877 |
| ACCOUNT NUMBERS | 40703978638001000128 |
| SWIFT – code | SABRRUMM |
| BANK NAME | SBERBANK |
| BANK ADDRESS | MOSCOW, RUSSIA |
| Purpose of payment | For the publication of abstracts in the proceedings of the International Forum TMSW (07-10 December 2015). |
| Correspondent Bank in Euro: |  |
| SWIFT – code | |  | | --- | | DEUTDEFF | |
| BANK NAME | |  | | --- | | Deutsche Bank AG | |
| BANK ADDRESS | Frankfurt am Main, Germany |
| ACCOUNT NUMBERS | |  | | --- | | 10094987261000 | |

**Appendix 5**

**SECOND INTERNATIONAL FORUM “Traditional Medical System of the World 2016”**

**Moscow, 5 - 8 December 2016**

**REGISTRATION CARD OF PARTICIPANT**

**SCIENTIFIC PROGRAM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| ***Surname*** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Name*** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Middle name*** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Academic degree*** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Academic title*** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Medical or others. Specialization*** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Place of work (full name of the organization, and division) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  **Position** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Address for correspondence:*** | | | | | | | | | | | ***Home*** | | | | | | | |  | | **Or office** | | | | | | | | |  | | | (note) | | | | | | | | |
| **Index** | |  | | | | | | | **Country** | | |  | | | | | | | | | | **Region** | | | |  | | | | | | | | | | | | | | | |
| **Area** | |  | | | | | | | | | | | | | | | | | | **Town** | | |  | | | | | | | | | | | | | | | | | | |
| **Street** | |  | | | | | | | | | | | | | **house** | | | |  | | | **building** | | | | |  | | | **flat** | | | |  | | | | | (for home address) | | |
|  | |  | | | | | | | | | | | | | **Off.** | | | |  | | | **room** | | | | |  | | | (for work address) | | | | | | | | | | | |
| **Phones:** | | | | | ***office*** | | | | | **(** | | | **)** | | | |  | | | | | | | | ***fax*** | | | **(** | | | | | | | | **)** |  | | | | |
|  | | | | | | | | | | code | | |  | | | |  | | | | | | | |  | | | code | | | | | | | |  | |  | | | |
| ***home*** | | | | | | | | | | **(** | | | **)** | | | |  | | | | | | | | ***mobile*** | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | code | | | |  | | | |  | | | | | | |  | | | | | |  | | | | | | | | |  |  |
| **E-mail** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Information about registration fee** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Document type** | | | | | | | |  | | | | | | | | | | | | | | | | **Amount** | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | Invoice, post or bank wire | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Document number** | | | | | | | |  | | | | | | | | | | | | | | | | **Date of payment** | | | | | | | | | | |  | | | | | | |
| **Payer** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | Full name of individual or organization name (company) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Registration fee for participation in the Scientific program:

For individuals - 70 $,

For companies – 200 $

**Payment of Registration fee for participation in the scientific program**

**Requisites for the transfer of currency (**$**)**

|  |  |
| --- | --- |
| Recipient  Recipient address | NP Ayurvedicheskaya russko-indiyskaya assotsiatsiya  TUP. KRASNOPRUDNYY M, DOM 2 office 135  MOSKVA, ROSSIYA  INN 7708240877 |
| ACCOUNT NUMBERS | 40703978638001000128 |
| SWIFT – code | SABRRUMM |
| BANK NAME | SBERBANK |
| BANK ADDRESS | MOSCOW, RUSSIA |
| Purpose of payment | Registration fee for participation in the scientific program of the International Forum TMSW (07-10 December 2015) |
| Correspondent Bank in Euro: |  |
| SWIFT – code | |  | | --- | | DEUTDEFF | |
| BANK NAME | |  | | --- | | Deutsche Bank AG | |
| BANK ADDRESS | Frankfurt am Main, Germany |
| ACCOUNT NUMBERS | |  | | --- | | 10094987261000 | |