The Philippines had been host to the biennial conventions of ASNA. The first ever convention was held in 1995 during the presidency of Dr. Simeon Marasigan at Hotel Sofitel then Philippine Plaza. In 2003, the 5th biennial convention was held in Cebu with Dr. Raymond Espinosa as PNA president.

This year, Philippines takes center stage again to host the 12th ASNA Biennial Convention joint with the 39th PNA Annual Convention. The theme is ASEAN Integration: Building Bridges and Strengthening Ties. Convention venue is the newest 5-star property overlooking Manila Bay located at SM Mall of Asia Complex, the Conrad Hotel. Under the leadership of Dr. Romulo Esagunde, the current PNA President, this event is something to look forward to.

The Scientific Committee crafted a very enriching program consisting of skill-honing workshops, subspecialty modules, relevant plenary topics on emerging ASEAN health threats and the state of ASEAN Neurology education.

The Socials Committee is working double time to balance the academic program with a multitude of.... continued on page 9
Warmest greetings from the Board of Governors of the Philippine Neurological Association!

The year 2017 marks the 45th sapphire year of the PNA. Through the years the PNA has remained as a solid united premiere organization of neurologists in the Philippines.

This year, the BOG plans to further review and upgrade our internal systems as well as conduct innovative activities that will be beneficial to all our beloved fellows. Last year, we started activating the different PNA Councils, redefining their roles and purpose. We opened the sign-ups for council members last midyear convention and project planning for each council started during their individual meetings during the last 2016 annual convention. We also jumpstarted this year with a Research Agenda and Strategic Planning workshop for the different PNA councils to encourage each council to come up with a relevant research project over the next 2 years. We also started reviewing and revising the different standard operating procedures of each PNA COMMITTEES. We plan to finish all the revisions this year and furnish all fellows with the PNA’s SOPs, constitution and updated directory. We have started the search for our new PNA logo through the PNA Logo Contest which will culminate during the PNA midyear convention. Our official newsletter, SYNAPSE, will now be on a quarterly issue and will feature the different neurology training institutions as well as relevant and breaking news form the different local and international conventions. We launched the OPLAN Payong 2.0 last November 2016 which will assist our associate fellows in their review for the specialty board examinations in August 2017.

The PNA is also loaded with activities for this year. The PNA Bimonthly Meetings will continue to have the interactive debate format and will still be available for live streaming via webcast nationwide. We are also organizing the PNA outreach activities in Baler, Samoan and Manay to have a common consolidated format, funding and research output. The annual Neurology Week every November will also take a new format reaching more lay people in simultaneous activities nationwide. The 2017 midyear convention will have more emphasis on camaraderie and bonding amongst all PNA fellows. We also keep our active involvement with our affiliate societies and government agencies like the PMA, PCP, Philhealth and PRC in the light of the ASEAN integration program of the ASEAN region. We are actively involve in the proposal of the Mental Health Bill by the Philippine Senate. We are in constant communication with the Department of Health especially on their Stroke Medicine Access program and the creation of the different national and regional Brain Centers in the country. Our linkages with our specialty societies (SSP, PLAE, DSP, PSCN, ADAP, MDSP, HSP) are stronger than ever.

This year’s calendar of activities will culminate in the 12th biennial convention of the ASEAN Neurological Association and the 39th annual convention of the PNA, as well as the celebration of PNA’s 45th sapphire year in November 8-11, 2017 at Conrad Hotel. Once again our country will welcome our colleagues in the ASEAN region in a showcase of the region’s best scientific and research output.

It will surely be a hectic year for all of us as we move forward and aspire to make the PNA as one of the best medical organization not only in the country but also in the ASEAN region.

Mabuhay ang PNA!
One PNA!

Romulo U. Esagunde, MD
Pna President 2017
Greetings from PNA,

As there are many newsworthy activities of the PNA that needs to be shared with the PNA Community, starting this year we are increasing the number of issues for the Synapse Newsletter to four. The March and August issues will be published electronically and this can be accessed thru the PNA App and PNA Website (philneuro.org).

The May 2017 (Midyear issue) and November 2017 (Annual Convention) issues shall retain both hard and soft copies. We would like to increase the participation of other members of our association by inviting more contributors to future issues of our newsletter magazine.

We would like the training institutions to be active in sharing their activities. We would also be happy to receive contributions of echo articles from conferences or symposia held locally or internationally. Experiences of young neurologists in their area of practice is most welcome. Activities of affiliate societies are also most welcome!

For more information you can communicate with the PNA secretariat.

Maraming Salamat Po

Alejandro Bimbo F. Diaz, MD

DEALING with Drug Addiction

Dr. Alejandro Bimbo Diaz

Is the current drive by the government to stop or reduce drug addiction in our country right and effective? Drug addiction in the Philippines thru the years has increased alarmingly. Shabu, a cheap form of methamphetamine is the number one drug of choice by illegal drug users and has caused serious social problems in the country.

According to the United Nations, Southeast Asia is among the world’s biggest methamphetamine markets. The Dangerous Drugs Board in the Philippines has an estimated number of illegal drug users of 1.3 million out of 100 million people population. This illegal drug overwhelmingly is the number one choice ahead of marijuana, cocaine etc. In 2015, a report by the DDB showed that 97% of the 5,402 people admitted to drug treatment facilities preferred shabu as their drug of choice.

President Rodrigo Duterte’s anti-drug campaign since his inauguration raised serious concerns locally and internationally. Locally, the Filipino people have mixed opinions about the government’s anti-drug campaign especially the “Operation Tokhang”. Fortunately this has come to a halt recently. So many suspected drug pushers and users died in what was considered EJK (Extra-judicial Killings). Rights groups and world leaders, including former US President Barack Obama, raised serious concerns about this. The government has also built huge rehabilitation centers in various parts of the country to

Editorial
accommodate the large numbers of drug users who surrendered to the law enforcers or volunteered to undergo drug rehabilitation. The Mega Treatment and Rehabilitation Center of Fort Magsaysay in Nueva Ecija has recently downsized admission of inpatients drug dependents from 10,000 to 500. According to Health Secretary Paulyn Ubial, the majority of drug surrenderees do not need inpatient rehabilitation. Despite this downsizing, the 500-bed facility would still be the biggest rehabilitation center in the country.

It is worth to note that President Duterte doesn’t believe very much in the rehabilitation of these drug users. He even claimed that “long time shabu users” are no longer viable for rehabilitation because their brains “begin to shrink”. Does Mr. Duterte’s natural tendency to use flowery words literally mean the brain begins to actually shrink when one uses illegal drugs repeatedly? Well we don’t know for sure whether he literally meant what he said.

Dr. Robert Ali, an Addiction Medicine specialist of University of Adelaide Australia, refuted President Duterte’s claims. The former said that methamphetamine destroys dopamine neurons but does not ‘shrink brains’.

From the scientific point of view, Dr. Nora Volkow, a psychiatrist and director of the US National Institute on Drug Abuse (NIDA) since 2003, showed in her studies evidences of both structural and functional changes in the neural circuits modulated by dopamine in the dopamine receptors in both the limbic brain regions and frontal lobe cortex. Recent structural volumetric studies using PET scan and high resolution MRI have likewise documented frontal lobe volume loss in various forms of drug addiction.

Dr. Volkow believes drug addiction as a brain disease. Though there are opposing opinions to this, more and more researches clearly show supporting drug addiction as a chronic brain disease. It is for this reason why there is a high relapse rate.

If this is the case, can the medical community help create a framework of alternative solution to the current government drive in curbing this generation’s old problem. By having a different perspective in looking at drug addiction as a chronic brain disease that has undergone neuroplastic changes, hardwiring the undesirable behaviors and personality changes of these substance abusers, then a new approach may be crafted by the people in the medical community to help the government make a more lasting and effective solution.

Can the organizations such as the Philippine Psychiatric Association, Philippine College of Addiction Medicine, Philippine Neurological Association and others make a collaborative effort in helping the government deal with this drug menace problem?

This lack of information as to the functional and anatomic changes in the brain of a drug addict is one of the major reason why these substance abusers are so hard to treat and rehabilitate. Though there is no single effective solution to this drug menace, we can offer the following alternative solutions from the neuroscience standpoint.

1. Increase knowledge information to the people about drug addiction as a brain disease with solid scientific evidences and its consequent anatomical and functional neuroplastic changes in the brain that lead to its chronic relapsing nature.

2. Drug addiction can affect various organ systems of the human body and not only the brain. It does affect the cardiovascular systems, renal reproductive health and other systems.

3. Concerned medical organizations should meet and develop alternative solutions aside from what is being used at present to effectively ‘rewire’ the ‘hardwired brain’ of the substance abuser.

In conclusion, the drug addiction problem in the country importantly should also be seen from the neuroscientific point of view and such should be considered treated as a chronic brain disease. It has a high relapse rate despite drug rehabilitation. The medical community should look for new innovative ways of creating ‘positive’ neuroplastic changes to the negatively hardwired brain of a substance abuser.

If nobody among us will help the government’s fight bring down drug addiction in this country, who will?
On behalf of the PNA B O G and the Organizing Committee of the 38th PNA Annual Convention, I would like to thank everyone who attended and participated in the recently concluded 38th PNA Annual Convention at Hotel Novotel, Araneta Center.

This year’s theme of “Enriching Knowledge, Enhancing Skills, Empowering the Filipino Neurologist” captivated the very essence of our purpose and goal of doing our yearly scientific meeting. These 3 phrases captures the journey of every Filipino neurologist - from residency days to junior consultancy period and up to becoming an accomplished neurologist. Our continuing medical education activities now knows no boundaries in the advent of electronic learning system and on-line academic activities. Clinical updates in every field of neurology are readily available on-line even in abstract or news format.

The annual convention started with relevant workshops in neurophysiology, acute stroke thrombolysis and benign positional paroxysmal vertigo for the preconvention day. These workshop were all full-packed with attendees. This was followed by the OPENING CEREMONIES wherein our eloquent keynote speaker Dr. Carlos Chua delivered his speech entitled The Plum Tree and the Neurologist.

The 3-day convention dealt with updates in stroke, dementia, headaches, sleep and critical care neurology. We were also privileged to have Professor Jun-Ichi Kira delivered the Gilberto Gamez Memorial Lecture on Neuroimmunology entitle “Neuromyelitis Optica and the Longitudinally Extensive Spinal Cord Lesions”.

The annual research contest featured our top research papers from different institutions. Residents had their chance to battle it out in the 2nd Neurology Quiz Bowl. During the mornings, the different PNA Councils were given their time to meet and plan out their activities for the next 2 years.

Everyone had tons of fun and laughter during the Fellowship Night as they came in 80s fashion and watched the new format of presentation in MTV way. The program was also packed with production numbers from selected fellows highlighting the best 80s dance music as well as the OPM hits of that era.

During the PNA Business Meeting, the body decided to have a new logo, the new set of ofﬁcers were introduced as well. In the Closing ceremonies, PMA President Ireneo Bernardo III helped us in the oath taking ceremonies of our new fellows and new Board of Governors while DOH Secretary Paulyn Jean R. Ubial served as our Inspirational Speaker. Dr. Arnold Pineda delivered his valedictory speech and Dr. Romulo Esagunde gave his inaugural speech as the new PNA President for 2017.

The 38th PNA annual convention recorded a total of 620 attendees including fellows, associate fellows, residents, speakers and guests. We acknowledged the continuous support of our pharmaceutical friends as well as the support our junior and associate fellows.

We look forward to a good year of work and learning in 2017 as PNA hosts the 12 biennial convention of the ASEAN neurological association in November this year.
2016 Presidents Valedictory Address

Valedictory speech delivered at the Closing Ceremonies of the 38th Annual PNA Convention at Hotel Novotel Manila, Araneta Center on November 19, 2016

Arnold Angelo M. Pineda, FPNA
PNA President 2016

Exactly year ago, I assumed the presidency of our organization which has served as my second home for the last 5 years. Like a family, I have been nurtured by my mentors in the organization in facing the tasks that lie ahead.

I have been initially exposed to the different activities of the PNA primarily as Chapter president. I got to work and know other fellows of the organization via outreach projects and scientific meetings. As I began to get more involved, I became part of the different committees. First-hand, I got to experience the academic meanderings of the scientific committee, the delicate diplomacy of accommodations, the adrenaline filled team building committee and the jigsaw puzzle solving of the souvenir program committee. For the last four years I also served as the editor-in-chief of the official newsletter “Synapse”.

With these responsibilities that have undoubtedly help prepare me for the ultimate role of leading our organization. By performing these various tasks, I was able to imbibe the culture, values and virtues of the organization necessary to help achieve the mission and vision of the PNA.

The revised Mission statements of PNA using the acronyms P, N and A have been my guiding principles in making plans for the organization. P means promoting neurological health for all. My work in outreach has shown that there is still a dearth in our advocacy regarding Neurology as a specialty. Launched last year during my induction, the PNA App was had succeeding relaunches in The Medical City Clark, The Medical City Ortigas, and during the last Neurology week celebration in the Mall of Asia. It has been accessed by PNA fellows, associates, training residents, pharmaceutical partners and lay persons. Updated PDF versions of Synapse and PJN are made available with regular updates.

Social media has changed the way we communicate with each other even for members. Activities of the organization are available in the official Facebook page and even realtime Facebook live videos as we have done for this annual convention.

The PNA website has been updated, featuring also online versions of our publications, Synapse and PJN, well as Philhealth case rates, Neurology Asia and FAQs in Neurology. It has a user friendly interface with a member’s corner and uploads for the videos of the bimonthly conference. Our biggest innovation for this year is the Teleconference format of the Bimonthly conference. The main hindrance to attending the bimonthly conference before was geography. With 7,100 islands in our country, only those based in Metro Manila were the ones that got to attend the conference, traffic notwithstanding. With the new system, we have quadrupled the number of attendees with the satellite venues from northernmost Luzon to the south most portion of Mindanao. An attendee from Laoag City can listen to the lecture and field in questions for the speakers. The format also has been changed from the straightforward lecture before has been transformed into a debate format discussing the pros and cons of various topics from stroke, epilepsy, and movement disorders. Not only do we engage our younger colleagues to
participate as the debaters but also our more experienced colleagues as their coaches. We plan to continue the aforementioned format in the future since we have had very positive feedback from members. As espoused in our objectives of promoting public awareness on neurologic diseases, nurturing growth and welfare of members and advancing the expertise in the neurological sciences, we hope these technological methods help in advancing the organization towards excellence and collegiality.

Next is N for Nurture for the growth and welfare of our members. With this regard, for our associate members, Oplan Payong 2.0, a revival of the review course for the written and oral examination of the ANSB/CNSB, goes digital this year. The version for our members will be web-based with video lectures, with pre and post tests and immediate feedback which features exclusive content accessible only by duly registered members. Hopefully this would provide the required knowledge and skills necessary for them to pass the written and oral examinations next year.

And last but not the least is A for Advancement of the expertise in the Neurological sciences.

One of our organization’s visions by 2020 is to conduct innovative and translational research. This is another aspect of the organization in aiming to set standards of neurological care in the highest regard.

The PNA Councils have been revitalized this year including the establishment of two new ones-Sleep and Neuroimmunology councils with new standard operating procedures giving emphasis on research and CME activities with a specific budget allotment.

One more important consideration is our alliance with the Philippine Medical Association and Philippine College of Physicians. During my term, my plans were aligned with the objectives of the mother organization and have actively collaborated with their programs for the last year.

I want to thank the members of the association. My mentors in UST Department of Neurology and Psychiatry for their direction and inspiration; to my predecessors during my stay in the board: My president in the first year, Dra. Annette Bautista, who was the one who actually inspired me to seek this position by involving me with PNA. Thank you for your support and guidance through the years. Dr. Vicky Bael for always providing comic relief even in the most trying times. Dr. Willy Calma for the other half of the comic relief but ever as reliable. Paul Pasco where silent waters run deep but firm with decision.

I would like to thank my board of governors starting with the ever dependable Rhomy who is always ready to work for the group, Dra Soc for being my secretary with the numerous letters, agenda, and minutes she had to tirelessly craft, Dr. Bimbo for handling the money matters whilst multitasking, Bubut, our go-to girl not only for letter writing and grammar but for council tasks, Mother Mayette for being our surrogate mother in the board for always taking care of us and Michelli for making sure tasks are done and in time.

My term as president seemed easier with their help and support.

I would like to thank my family for their unending support and understanding for a position that has taken so much of my time away from them.

I have to acknowledge my PNA Central Luzon Chapter family specially Dr. Romy Enriquez for his invaluable suggestions and ideas in improving my leadership.

My PNA Angels: Arlene, Bobby Luzod and Bobby Barja, Begette, Cel, Grace, Gina and Ruth. You have saved me so many times.

I must not also forget the the PNA secretaries, Emelyn, Ga, Mark, and Dang of Blue Horizons. I would also like to express my most sincere gratitude to to our Pharma friends for their unwavering support for all these years.

As I end my term, I am confident that the incoming board will continue the same level of commitment and service expected from the board and expect from me that I will still continue to serve the PNA.

St Thomas Aquinas, foremost Dominican theologian to whom UST was named after, once said: Three things are necessary for the salvation of man: to know what he ought to believe; to know what he ought to desire; and to know what he ought to do. We must always remember what we believe, desire and do. Because in the end result is always what is important.

To quote Jim Rohn and American entrepreneur and motivational speaker: “The challenge of leadership is to be strong, but not rude; be kind but not weak; be bold but not bully; be thoughtful but not lazy, bye humble but not timid; be proud but not arrogant; have humor but without folly.”

Dakal pung salamat keng suporta ampong paniniwala kanaku.

Mabuhay ang PNA!
Good day everyone!

Our 23rd midyear convention will be held on May 27-28, 2017 at Makati Shangrila Hotel. We are bringing back our tradition of showing that midyear conventions are meant for camaraderie and bonding among all fellows.

There will be a standalone local CME event by Medichem Pharmaceuticals in the morning of the 27th of May. It will cascade relevant modules on Neurological Disorders with interactive case discussions featuring distinguished foreign speakers. Our associate members and junior members (residents in training) will join us in this session.

This will be followed by the business meeting of Fellows in the afternoon. We will be voting for the best logo to represent our Association in this meeting, along with a discussion on other important matters. There will be a dinner symposium which will be immediately followed by our Fellowship Night. Expect a night full of fun and laughter as there will be games and raffle prizes for everyone.

There will be a meeting of all councils in the morning of May 28, 2017 from 8am-10am.

We encourage all fellows to join in this midyear convention as we continue celebrating as ONE PNA!

Dr. Marietta Cruz-Olaivar

The Dementia Society of the Philippines and its Allied Specialist Group will be holding its 15th Alzheimer’s Disease and Related Disorders Annual Convention on October 5-6, 2017 at NewTown Hotel, Baguio City with a theme of “Moving Forward: An Inclusive Approach in Dementia Care”

Dr. Encarnita R. Ampil

Topics include the various dementia syndromes, behavioral and psychological symptoms of dementia, pharmacologic and nonpharmacologic management and addressing issues in end-stage dementia. Workshops on bedside cognitive screening tests, neuroimaging, more comprehensive cognitive testing and nursing care and rehabilitation will be conducted. The outcome of the Ginintuang Alaala activity of the Society will likewise be presented.

The two-day convention encourages attendance of specialists, family physicians, general practitioners and allied healthcare professionals. More information on the convention can be accessed at www.dementia.org.ph, the website of the Dementia Society of the Philippines.
Good day everyone!

Our 23rd midyear convention will be held on May 27-28, 2017 at Makati Shangrila Hotel. We are bringing back our tradition of showing that midyear conventions are meant for camaraderie and bonding among all fellows.

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There will be a meeting of all councils in the morning of May 28, 2017 from 8am-10am. We encourage all fellows to join in this midyear convention as we continue celebrating as ONE PNA!

Since its launch last July 27, 2013, the Klinika Neurologika PNA outreach program in Samboan, Cebu continues to grow. Situated 150 kilometers south of Cebu City, Samboan is a small town on a hill which has a population of 20,884 as of 2016.

The Cebu Neuroscience Society will soon commence on doing an official survey of common neurological disorders in the community like stroke, epilepsy, headache, Parkinsonism and dementia. The questionnaires have been translated to Bisaya and validation will start by the second quarter of this year.

There are future plans to do the same survey to the Klinika Neurologika in Baler, Aurora and Manay, Davao Oriental. Hopefully, this will lead to the establishment of a PNA registry for neurological cases seen in the community as well as in the clinics and hospitals.

Furthermore, the PNA Outreach Committee is currently formulating the Standard Operating Procedures for the PNA outreach program. This will pave the way for other local chapters / PNA members who would want to share their time and effort on a regular basis, with communities who have no easy access to neurologists.

“Love cannot remain by itself — it has no meaning. Love has to be put into action and that action is service.” - Mother Teresa

ASNA 2017....

surprises. The Fellowship Night will be a realization of what draws us closer to our ASEAN neighbors.

We enjoin fellows, associate members, residents, colleagues from other subspecialties and allied health professionals to be part of this convention. Please visit our website asna2017.com. Local delegates are requested to register through PNA at philneuro@gmail.com. We encourage you to submit abstracts. Prizes await the best papers on basic and clinical Neurosciences.

2017 is bejeweled. It marks the 40th or sapphire year of our organization, the Philippine Neurological Association. In the region, this year is the 50th or golden year of the ASEAN organization. Let us all be part. Let us all be one.
LAST Nov. 19, 2016, during our annual convention, the revised PNA brain death criteria as proposed by the adhoc committee on brain death were presented in plenary session and are stated below. As requested during the business meeting, these criteria are being disseminated to all fellows for comments. May we ask for your comments by Mar. 31, 2017, after which they shall be incorporated for final approval by the body. These criteria will then be disseminated by the Department of Health nationwide for guidance of all organ-procuring organizations, and possibly for the development of brain death certification workshops.

**BRAIN DEATH – the physical state wherein all the following criteria are met:**

1. **Irreversible coma is present, i.e.**
   - The cause of coma is established and is sufficient to account for the loss of brain function;
   - Possibility of recovery of any brain function is excluded;
   - Cessation of whole brain function persists for at least six (6) hours of observation and therapy

2. **Permanent cessation of the whole brain function**
   - Coma unresponsive to all stimuli;
   - Absence of all brainstem function as evidenced by: fixed pupils; no corneal response; no oculovestibular response to ice water calorics; no gag reflex; and no spontaneous respiration after apneic oxygenation (i.e. Mechanical Ventilator must be disconnected from the patient for a period of at least 10 minutes but ensuring a patent airway and oxygenation at room air OR there is absence of respiration despite a pCO2 of 60mmHg or a pCO2 that is 20mmHg above the baseline);

**Note:** Electroencephalography is an optional test that may be used to confirm the presence of electrocerebral silence but is recommended in patients in whom the above parameters cannot be tested (i.e. vehicular accident patients whose eyes have been damaged such that the pupils and corneas cannot be tested).

3. Exclusion to the above criteria includes the following: drug and metabolic intoxication; hypothermia; and shock

4. In children below five years of age and anencephalic infants, special caution should be exercised before the diagnosis of brain death is considered; and

5. Declaration of brain death shall be made by the attending physician and another physician, preferably a neurologist or a neurosurgeon or an internist or anesthesiologist.

**PROPOSED**

**BRAIN DEATH – the physical state wherein all the following criteria are met:**

1. **Irreversible coma is present, i.e.**
   - The cause of coma is established and is sufficient to account for the loss of brain function;
   - Possibility of recovery of any brain function is excluded;
   - Cessation of whole brain function persists for at least four (4) hours of observation and therapy

2. **Permanent cessation of the whole brain function**
   - Coma unresponsive to all stimuli;
   - Absence of all brainstem function as evidenced by all of the following: fixed pupils; no corneal response; no oculovestibular response to ice water calorics; no gag reflex; and no spontaneous respiration after apneic oxygenation (i.e. Mechanical Ventilator must be disconnected from the patient for a period of at least 10 minutes but ensuring a patent airway and oxygenation at room air OR there is absence of respiration despite a pCO2 of 60mmHg or a pCO2 that is 20mmHg above the baseline);

**Note:** Electroencephalography is an optional test that may be used to confirm the presence of electrocerebral silence but is recommended in patients in whom the above parameters cannot be tested (i.e. vehicular accident patients whose eyes have been damaged such that the pupils and corneas cannot be tested).

3. Exclusion to the above criteria includes the following: drug and metabolic intoxication; hypothermia; and shock

4. In children below five years of age and anencephalic infants, special caution should be exercised before the diagnosis of brain death is considered; and

5. Declaration of brain death shall be made by two different physicians who are both not part of the transplant team, preferably a neurologist or a neurosurgeon or an internist or anesthesiologist.

The time the second declaration is made shall be the time of death.
## Schedule of Postgraduate Courses by Neurology Training Institutions for 2017

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 6-7, 2017</td>
<td>Pan Pacific Hotel, Manila</td>
<td>UP-PGH</td>
</tr>
<tr>
<td>June 16-17, 2017</td>
<td>Ciriaco Hotel, Calbayog Samar</td>
<td>USTH</td>
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<tr>
<td>June 29-30, 2017</td>
<td>Tuguegarao</td>
<td>JRMMC</td>
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<tr>
<td>June 17, 2017</td>
<td>Bacolod City</td>
<td>SLMC</td>
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<tr>
<td>September 13-14, 2017</td>
<td>Novotel, Araneta Center</td>
<td>PCMC</td>
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<tr>
<td>Sept 29-Oct 2, 2017</td>
<td>Legaspi City</td>
<td>MMC</td>
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<tr>
<td>September 29-30, 2017</td>
<td>TBA</td>
<td>UERMMC</td>
</tr>
<tr>
<td>October 21, 2017</td>
<td>Luxent, Quezon City</td>
<td>SLMC</td>
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The PNA bimonthly is a venue for Filipino neurologists to discuss and update themselves in current issues in neurology. Last year in 2016, the 4 bimonthly meetings under the leadership of Dr. Marietta Olaivar were held as a webcast in order that more fellows will be able to participate.

For 2017, the first PNA bimonthly meeting will be held at the Philippine Center for Advanced Surgery (PCAS) Cardinal Santos Medical Center 6 pm on Thursday, March 2, 2017. The topic is Recurrent Atherothrombotic Stroke in a Patient on Aspirin: Adding or Replacing Anti-Platelets. Our discussants are Dr. Joyce Tenorio and Dr. Marc Molina with their respective coaches Dr. Jose Navarro and Dr. Johnny Lokin. Dr. Abdias Aquino will add his comments at the end of the discussion. GlaxoSmithKline will again provide assistance in broadcasting our activity as a webcast. Twenty clusters around the country are provided to allow our fellows to view and participate in the bimonthly.

May 4, July 6 and September 7 are the dates for the subsequent bimonthly meetings. Please save the dates!
YOGHURT

Dr. Roland C. Perez

**Facts:**
There has long been a belief that eating yogurt is associated with longevity, and many studies have been done. In fact, Bulgarians have a longer than average lifespan and it is believed that this is due to the large quantities of cultured milk products that they consume.

Yogurt made with active bacterial cultures produces lactase, the enzyme that allows us to digest lactose. Consequently, yogurt would be tolerated by many people who are lactose intolerant.

**History:**
It is generally agreed among historians that yogurt and other fermented milk products were discovered accidentally as a result of milk being stored by primitive methods in warm climates.

Most historical accounts attribute yogurt to the Neolithic peoples of Central Asia around 6000 B.C. Herdsmen began the practice of milking their animals, and the natural enzymes in the carrying containers (animal stomachs) curdled the milk, essentially making yogurt. Not only did the milk then keep longer, it is thought that people preferred the taste so continued the practice, which then evolved over centuries into commercial yogurt making.

The first industrialized production of yogurt is attributed to Isaac Carasso in 1919 in Barcelona—the company “Danone” was named for his son, “Little Daniel”.

Turkish immigrants brought yogurt to North America in the 1700s but it really didn’t catch on until the 1940s when Daniel Carasso, the son of Danone founder Isaac, and Juan Metzger took over a small yogurt factory in the Bronx, New York—the company is now called Dannon in the United States.

The popularity of yogurt soared in the 50s and 60s with the boom of the health food culture and is now available in many varieties to suit every taste and lifestyle.

**Making Yoghurt:**
Fresh milk (and/or cream) is fermented using lactic bacteria starters or “cultures”: Lactobacillus bulgaricus and Streptococcus thermophilus. The bacteria are added to heated, pasteurized, homogenized milk, and the milk is then incubated at a specific temperature to maximize the activity of the bacteria.

The bacteria convert the lactose (milk sugar) to lactic acid, which thickens the milk and gives it the tangy taste characteristic of yogurt.

The yogurt is then cooled and can be flavoured with fruit, sugar, other sweeteners or flavourings. Stabilizers, such as gelatin, may also be added.

**Storage:**
Before you buy yogurt, check the best before date on the package and choose the product with the furthest date.

Refrigerate yogurt immediately after you buy it and store it on the colder shelves rather than in the door.

Do not eat yogurt after the best before date. Once the package is opened, eat the yogurt within 3 days.

Protect yogurt from other foods with strong odours by sealing it tightly. Spoon as much yogurt as you are going to eat into your bowl with a clean spoon. To avoid cross-contamination (which will speed up spoilage), do not return unused portions to the original container.

Do not freeze yogurt. Freezing will affect the texture and flavour. However, it will keep in the freezer for up to 1 month if you do decide to freeze it.

**The Recipe:**

**Ingredients:**
- 4 cups of either full cream or low fat milk
- 2 tablespoons of live yoghurt culture (see link above)
- some cheese cloth for straining

**Directions:**
1. Take a large saucepan and add your milk. You need to use a saucenpan or pot that you can place in the oven. Bring to the simmer over a medium to high heat. When you see bubbles forming around the edge of your saucepan you know it is time to remove from the heat. Cover with a lid and let cool for about three quarters of an hour.
2. After half an hour warm up your oven or microwave with lights on to 110 F. Your milk needs to be about the same temperature. Use a thermometer or test with your finger.
3. Stir your live yoghurt culture into the milk, recover the pot or saucepan and place into your warm oven. Make sure the temperature does NOT get above 110 F.
4. Now just simply leave for five to ten hours until the mixture begins to thicken. You should check on your yoghurt mixture every now and again to look for signs the thickening process is occurring and to check the temperature is ok. I never used a thermometer I just check with my finger tip.
5. Place the cheesecloth over a strainer then over the bowl. Once your mixture has completely thickened remove from the oven and pour through the cheesecloth.
6. Leave in the fridge overnight and the next day you will have nice thick very yummy yoghurt. Just discard the liquid whey and place your yoghurt in a nice bowl or container.
7. Enjoy it!

Disclaimer: This document was taken from different published articles
In line with our 45th Sapphire Anniversary, we are holding a competition for an innovative and original new logo design for our association.

**Mechanics:**

1. The contest is open to all Fellows of the PNA in good standing.
2. A cash prize of PhP 20,000 will be awarded to the winning entry.
3. One may submit only one entry that he or she feels best characterizes and represents the Philippine Neurological Association. As a reference, the Fellow may use the following to assist him or her in their design:
   a. PNA Mission Statement
      i. Promote Neurological health for all
      iii. Advance the expertise in the Neurological Sciences
   b. PNA Values
      i. Integrity and ethical conduct
      iii. Drive for Excellence
      v. Collegiality
      vi. Fairness
      vii. Social Responsibility
4. Each entry must be submitted in a short brown envelope containing the following:
   a. Hard copy of the logo design printed or drawn on short bond paper, with an accompanying short description/explanation of the design
   b. USB/CD containing a high-resolution JPEG or PNG file of the logo
   c. Sealed letter envelope containing the name of the Fellow submitting the entry.
5. A selection committee will choose the 3 finalists from the entries based on the following criteria:
   a. Originality (30%)
   b. Creativity (30%)
   c. Significance or Relevance (30%)
   d. Overall Impact (10%)
6. The three selected logos will be presented during the Midyear Convention Business Meeting on May 27, 2017. The final winner will then be decided upon by popular vote.
7. The winning entry may be still be forwarded to a graphic designer for further tweaking in order to achieve a professional look if needed.
8. Deadline for submission of entries is on April 29, 2017, 5:00 pm at the PNA Office.
What is a logo? Logo is an abbreviation of logotype. This is derived from two Greek words, logos meaning “word” and typos meaning “imprint.” It is a graphic mark, emblem, or symbol commonly used by commercial enterprises, organizations and even individuals to aid and promote instant public recognition. When a name of organization is included, the name is a “wordmark” while the design an “ideogram”. When both are present, they are called logotype (Wikipedia). The intention of the logo is to convey or communicate quickly to the public the values, services, identity, product or what they represent.

The history of the neurological organization in the Philippines is expressed in the evolution of the logo as well.

In 1936, a group of Filipino doctors who dedicated their efforts and interest to address diseases related to the function of the brain, organized themselves as Philippine Society of Psychiatry and Neurology (PSPN). The logotype included the name of the organization and the ideogram represented by cross section of the brain on top of the rod of Asclepius or Aesculapius and the serpent entwined in the rod but its head emerging behind the brain (Fig. 1). The logo clearly conveyed that the organization’s interest is the brain and that it is a branch of medicine. In 1972, the neurologists decided to separate from the PSPN and focus their efforts in developing the field of neurology in the country. The Neurological Association of the Philippines (NAP) was registered at the Securities and Exchange Commission with 12 neurologists as signatories. The name of the organization was laid outside the logo. The ideogram color consisted of varied shades of gray, the head facing left was depicted as a shadow of black and the abbreviated name of the organization - NAP was strategically placed in the area of the brain. The thick font which was light gray showed images of brain sulci inside the letters (Fig. 2). Again, the logo conveyed that the interest of the organization is about the brain. In June, 1977, the by-laws of the NAP was amended and the name of the organization was changed to Philippine Neurological Association (PNA). Dr. Paulino Tenchaves, who was the youngest of the twelve founders and who was tasked to create the logo of the NAP intimated that the name was changed to distinguish it from the Nursing Association of the Philippines. There was however a side entry in the minutes of the meeting, at that time, that it sounded “sleepy.” The PNA logo this time showed the image of the head that was facing right and was colored as simple black and white lines and this time it included the neck. The image of right side of the brain which included the brainstem was colored white and the abbreviated name of the “pna” was designed like electroencephalogram waves inside the brain (Fig. 3). At the base of the logo was the whole name of the organization. There were no written records of other symbolisms associated with the logos except that the neurological association represented the field in medicine dealing with the brain.