

# Rapid Telemedicine Implementation in the Context of the Neurological Disorder

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## Abstract

Telemedicine was first introduced in nerve-related medical care as a tool to help access to sudden and serious stroke treatment. More not very long ago, events that prove something has come out of the use of telemedicine in more than two, but not a lot of other areas of nerve-related medical care. With the coming of the widespread disease and the need for being totally separate from others, Telemedicine in nerve-related medical care has been a subject of debate and, until not very long ago, was mostly restricted to certain narrow areas of interest of people within careers and medicine-based situations.

The COVID-19 widespread disease, however, has driven doctors to quickly adopt virtual medicine for remote identification of a disease or problem, or its cause and treatment of conditions before that managed in person. This sudden act of something getting bigger, wider, etc. of virtual medicine has started a fire excited interest in something for widening the usual model of in-person patient discussions with other people, and has created a never-before-seen opportunity for developing new and interesting solutions to improve patient care.

## Keywords

Telehealth, Telemedicine, Parkinson's disease, NDD

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**Citation:** Laeema D (2021) Rapid Telemedicine Implementation in the Context of the Neurological Disorder. *EJBI*. 17(10): 66-67.

**DOI:** 10.24105/ejbi.2021.17.10.66-67

Received: October 02, 2021

Accepted: October 16, 2021

Published: October 23, 2021

## 1. Introduction

NDDs are a group of different things mixed together, group of very harmful and not stoppable to be destroyed sicknesses that now affect a million people worldwide with terrible and destructive results for patients and their families. NDDs are seen as the progressive getting worse of the central nervous system's structure and function, either due to unknown causes with an of unknown origin machine or, rarely, to a related to tiny chemical assembly instructions inside of living things sickness [1]. NDDs include a large group of patients and they understand both common and unusual sicknesses with Brain disease, Parkinson's disease (PD), and Amyotrophic Lateral Body-tissue hardening, among the most challenging. The most obvious something that makes it more likely that someone will get a disease for developing this condition is allowing getting old and, with the increase of people average age, the number of NDDs is in a surprising and interesting way increasing. This increase leads to a very heavy load on healthcare systems and national processes of people making, selling, and buying things, both in terms of direct and indirect costs. Over disease development or increase over time, NDDs are seen as a continuous decline of the motor and/or thinking-related functions, which makes travel to the medical centers stressful and difficult for patients and people who take care of people [2]. Besides, the lack of good enough transport the residence in areas away from cities, and the limited money-based money to can worsen the problem. As a result, it is exactly in

this situation that a Telehealth and telemedicine approach may be a useful tool for facing this challenge. By definition, Telehealth is the distribution of health-related services using electronic technologies and, in this set; it can improve the uninterrupted, constant quality of care in patients with long-lasting NDDs [3]. Telehealth has more than two, but not a lot of faces: telemedicine, telecoaching, and telecare. A central challenge in the field of Telemedicine for severe problems with thinking and living patients and people who take care of people is to apply or scale up these promising developments. This study Topic mostly aims to identify best practices of Telemedicine. Looking at things in the opposite way, it aims to figure out hurdles for limited uptake in daily medicine-based practice [4]. We look for related to watching or recording something or experimental studies that report on the development, effectiveness, or ability to be used for something of Telemedicine to improve severe problems with thinking and living patient figuring out the problem with a person's health, care, and treatment across different settings ranging from nursing homes to related to school and learning memory clinics. Telemedicine was combined into nerve-related medical care due to the need to provide access to sudden and serious stroke treatment. The present review has shown that the use of this tool has by now expanded into other areas of nerve-related medical care.

## 2. Conclusion

Telemedicine has proven to be a useful tool which can be employed in a combining in a way to make something better or combination

of two things way along with face-to-face discussions with other people, always aiming at improving care access and increasing patient happiness from meeting a need or reaching a goal). More studies are needed, among them nationwide studies figuring out the worth, amount, or quality of) the weird qualities of the use of these tools in our population. Telemedicine will never replace face-to face help. Instead, it will add to it in a way that makes both look better. A definite telemedicine regulation will improve the safe practice of telemedicine for the doctors as well as the patients involved. We have included in this review papers dealing with the provision of nerve-based help by nerve doctors with the use of telemedicine. Teleneurology is and must always be completed by nerve doctors, following the same basic rules of quality, commitment, and safety that guide the ordinary care given to all patients in all settings in this specialty

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