

**Session No. 4**  
**What to do to feel young and stay healthy?**

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**10. Beauty does not change, but the conditions do: pulchrum of the third age**

*Jakub Bartoszewski*, PhD habilitated in social sciences, professor at the Academy of Applied Sciences in Konin, Department of Social Sciences; University of Applied Sciences in Konin

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Professor *Edmund Grześkowiak*, PhD habilitated in pharmaceutical sciences

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*Angelika Kargulewicz*, PhD in medical sciences

The Chair of Nutrition and Physical Activity of the Academy of Applied Sciences in Konin

**13. Can Ginkgo biloba preparations help for vertigo, tinnitus and memory disorders?**

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## **10. Beauty does not change, but the conditions do: pulchrum of the third age**

*Jakub Bartoszewski, PhD habilitated in social sciences, professor at the ANS, Department of Social Sciences; University of Applied Sciences in Konin*

In the proposed topic, I will discuss the issue of beauty in the perspective of transcendentals. At the same time, I will refer to classical metaphysics, which examines being as being and the properties of being called transcendental. Apart from being, they include: thing, one thing, separateness, truth and goodness, beauty. Admittedly, the status of beauty is debatable, as some authors point out that beauty cannot be classified as transcendental, as not all beings are beautiful (these authors ignore the fact that being by its nature is a "carrier" of beauty, truth, unity and goodness). On the basis of this I will show that beauty belongs to being as such and that it is not a synthesis of truth and good or a species of good. I will also present the variability that exists, but does not depreciate being as such, due to the fact of having an unchanging human nature that underlies the animal rationale. Hence, it will be necessary to resort to philosophical anthropology to justify beauty in the third century.

## 11. Does wine heal?

Professor *Edmund Grześkowiak*, PhD habilitated in pharmaceutical sciences

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The production and consumption of wines, which are among the oldest natural products known to mankind, has long been a subject of interest in medical science. The first documented traces of wine culture are estimated at around 6000 BC. They were discovered in the Caucasus and Mesopotamia. In the ancient times, wine was a medicine for the soul and body, and Hippocrates claimed that it was "a thing miraculously destined for man if he was healthy or sick, he would take it at the right time or moderately".

The first European work devoted to the healing properties of wine is the work entitled "Liber de vinis" by Arnaud de Villeneuve (1235-1313), a personal physician to King James II of Aragon, professor and rector of the University of Montpellier.

Modern analytical methods allow the identification of approx. 1000 different biological active substances in wines, of which approx. 350 show potential health-promoting effects, and their content largely depends on the type of strain, climate and soil conditions, vinification method, terroir, and others.

From the end of the 1970s, the problem of the influence of moderate wine consumption on human health has become a scientific problem, described in medical literature. In 1979, The Lancet published a scientific paper documenting the relationship between wine consumption and cardiovascular mortality, and continued research resulted in the formulation of the so-called French paradox term.

The current state of knowledge allows, beyond any doubt, to confirm the beneficial properties of wine that include cardioprotective, platelet aggregation inhibitory properties, antioxidant, anti-histaminic, anti-inflammatory, antiviral, antibacterial and anti-caries effects of biologically active compounds found in wines. Also, the proved ability to selectively inhibit many processes related to tumor induction was one of the most important findings in terms of medicinal application of wine.

The results of recently published studies confirm the positive effect of modern wine consumption on the inhibition of neurodegenerative processes and aging.

## **12. Anti-aging dietetics – can eating habits slow down the progression of aging?**

*Angelika Kargulewicz, PhD in medical sciences*

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In modern society, a great importance is attached to the broadly defined "youth", which is why anti-aging activities are becoming increasingly popular. Interestingly, eating habits also appear to influence this process. One of the most effective nutritional strategies to extend life is the so-called caloric restriction, i.e. reducing energy consumption by 20-50% without causing malnutrition. This action translates into reducing oxidative stress, increasing DNA repair efficiency, improving the functioning of the immune system, more efficient use of energy, lowering glycemia and increasing insulin sensitivity, as well as reducing inflammatory reactions. The prototype of these considerations is the Native Okinawan diet, known as the longevity diet (Okinawan diet). The above-mentioned model of nutrition, apart from relying on a high supply of food products with a significant content of antioxidants and other bioactive compounds, was also characterized by a moderate energy deficit. The cause of the negative energy balance was a lifestyle characterized by relatively high physical activity due to the work performed. The staple food of Okinawa's inhabitants is green-leaved vegetables, roots, legumes, spices and herbs, and a moderate consumption of meat, dairy products and fat. Okinawans consume only moderate amounts of alcohol (the traditional awamori drink), and the routine infusion is Sanpin jasmine green tea. Studies with the use of caloric restriction in humans are currently conducted and preliminary results of the analyzes confirm the importance of energy deficit in the regulation of body weight, improvement of glucose tolerance and insulin sensitivity, as well as optimization of the lipid profile and reduction of inflammatory markers. Potential dangers of too high a caloric deficit include serious consequences such as a reduction in bone mass, and a reduction in muscle mass and strength. In addition, attention is drawn to the possible yo-yo effect in patients with excess body weight. Among other anti-aging nutritional strategies, there is also a diet rich in so-called hormetins, the supply of antioxidant vitamins (A, C, E), minerals, bioactive compounds (polyphenols, phytosterols, carotenoids, terpenoids), polyunsaturated fatty acids and pro- and prebiotics. The use of intermittent fasting and modification of the diet in terms of the supply of macronutrients is also of common interest.

### 13. Can Ginkgo biloba preparations help for vertigo, tinnitus and memory disorders?

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The prevalence of vertigo in the elderly is estimated at 30% and it increases with age.

The term vertigo includes both systemic vertigo and dizziness, defined as an abnormal balance. In the treatment of vertigo, depending on its cause, reposition maneuvers (benign paroxysmal, positional vertigo), rehabilitation of the equilibrium system (peripheral and central vestibular disorders) and rehabilitation of functional disorders of the spine (cervical vertigo) are used, as well as pharmacotherapy and psychotherapy. Unfortunately, in reality pharmacotherapy is too often the only form of treatment. Most often, patients are prescribed antiemetics, corticosteroids for neuronitis vestibularis and Menier's disease, betahistidine, as well as vinpocetine, pentoxifylline, cinnarizine, flunarizine, nicergoline and preparations containing *Ginkgo biloba* leaf extract.

Preclinical studies show that ginkgo biloba extract, in a dose-dependent manner, increases both the vestibulo-oculomotor compensation and the vestibulo-spinal compensation, and improves the mobility of animals after unilateral labyrinthectomy.

In clinical trials it was shown that the use of *Ginkgo biloba* in addition to exercise of the balance system reduced the severity of vestibular vertigo. A meta-analysis of randomized clinical trials in which patients with dementia were treated long-term with ginkgo biloba extract showed that the effect of such therapy was to alleviate the symptoms of dizziness.

It is estimated that tinnitus affects at least 15% of the elderly. This subjective ailment can be caused by a wide variety of reasons. It is believed that patient education, hearing improvement measures and an adequate psychotherapeutic approach can significantly reduce the burden of chronic tinnitus and improve the quality of life, as there is no evidence for the effectiveness of pharmacotherapy in tinnitus. Also, the results of clinical trials concerning the effectiveness of treatment with *Ginkgo biloba* preparations for tinnitus as the main primary ailment are inconclusive. Perhaps the reason for these discrepancies is the heterogeneity of the studied groups. There is a statistically significant improvement in the alleviation of tinnitus in patients with dementia who were treated with *Ginkgo biloba* preparations.

Dementia affects 3% to 11% of the population over the age of 65, but increases with age and occurs in 50% of people over the age of 85 in American studies. The most common disease is dementia in the course of a neurodegenerative disease called Alzheimer's disease, and vascular dementia is the second most common type of disease.

In the pharmacological treatment of Alzheimer's disease, anticholinergic drugs and memantine are the most commonly used drugs. It seems that *Ginkgo biloba* preparations also have a positive effect on general cognitive performance and activities of daily living in patients with mild to moderate severity of Alzheimer's disease. This position is presented by the European Medical Agency, recognizing that *Ginkgo biloba* has the status of a herbal medicinal product with well-established medical use in the treatment of age-related cognitive disorders and improvement of the quality of life in mild dementia. As a rule, however, this is not reflected, with the exception of Asian countries, in the recommendations of expert medical panels on the treatment of cognitive disorders and dementia.