

Computed Web Learning Software Design with a Medical Psychological Perspective: Depression as an Example and Economic Analysis

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Abstract: We have tried to use computer technology in teaching and designing the necessary knowledge points for the diagnosis, treatment, and prevention of depression. We have also used computer platforms to elucidate this model as an economics product and carry out the necessary investigation and study of the market prospects, and we have proposed innovative points in solving the problem based on basic knowledge in medical psychology, and we have reported the results in conjunction with the results of the study.

Keywords: Clinical Psychology; Computer Science; Depression; Economics

1. Introduction

Medical psychology deals with psychological problems in diagnosis, treatment, care, prevention of diseases, serving people's health care. Psychology is the science of studying human psychological phenomena and the psychomotor functions and behavioral activities that affect them, taking into account outstanding theoretical and applied (practice) pathies. Complicating both basic and applied psychology, psychology deals with many areas of perception, cognition, emotion, thinking, personality, behavioral habits, personal relationships, social relationships, etc. and much of daily life – family, education, health, social. Medical psychology includes branches such as pathological psychology, clinical psychology, pharmacological psychology, care psychology, psychosocial counseling, and psychotherapeutics. Depression is a common psychiatric disorder characterized by low mood, diminished appetite, pessimism, thought delay, lack of initiative, self-blown guilt, poor diet, poor sleep, fear of suffering from various illnesses, widespread discomfort, and, in severe cases, suicidal thoughts and behavior.

2. Background

The primary outcome was significant and persistent affective depression and depression pessimism. The milder is dull, unhappy, and less interested; the heavy is not in life, the pessimistic is in despair, the days are as old as the old, and the life is not as good as the death. Typically, depressed mood is tempered by morning-to-night rhythms. On the basis of depressed mood, there is a decrease in self-assessment, producing a sense of futility, hopelessness, helplessness, and valuelessness, often accompanied by self-consumption, serious delusions and delusions, and hallucinations in some patients. 2. Patients with mental retardation are slow in their thinking, slow in their response, occlusive in their thinking, and consciously "the brain seems to be a rusty machine", "the brain is as if it had been coated with a layer of glum. "Clinically, there was a reduction in speech propensity, a significant slowing of speech speed, low voice, difficulty in responding, and severe communication. 3. Patients with reduced voluntary activity have a significant and durable inhibition of voluntary activity. The clinical picture is slow, life is passive and lazy, does not want to do anything, engage with people around them, often sit alone, or stay in bed all the time, stay alone, alienate family and friends, and avoid social relationships. The physical needs of

eating, drinking, and other personal hygiene are often disregarded when severe, and the patient continues to show pain and depression by careful psychiatric examination, even when the patient is dull, immobile, or even “depressive stupor”. Patients with anxiety may have restlessness, finger grips, handshakes, or clumsiness. Severe patients often have negative suicidal thoughts or behaviors. Passive pessimism and self-punitive self-congratulation and a lack of self-confidence give rise to despair, holding that "ending your life is a relief, " "being redundant in the world" and will lead suicide attempts to develop into suicide. This is the most dangerous symptom of depression, and vigilance should be heightened. 4-Cognitive impairment has been suggested in depressed patients. The main presentations were reduced recent memory, attention problems, prolonged response time, increased alertness, poor abstract-mindedness, poor learning, poor verbal fluency, visuoscence, eye-hand coordination, and reduced flexibility. Cognitive impairment contributes to social dysfunction and affects long-term outcome. 5. Symptoms of the body include, principally, sleep disturbances, fatigue, loss of appetite, loss of weight, constipation, pain in any part of the body, loss of sexual appetite, impotence, and amenorrhoea. Physical complaints of physical discomfort may involve organs such as nausea, vomiting, panic, chest cramps, sweating, etc. Symptoms of autonomic dysfunction are also common. The complaint of pre-existing somatic disease is usually aggravated. Sleep disturbance manifests itself as an early awakening, usually 2 to 3 hours earlier than usual, and the inability to fall asleep after awakening is characteristic of a depressive episode. Some patients present with difficulty falling asleep and poor sleep; a few patients present with excessive sleep. Weight loss is not necessarily proportional to appetite loss, and a few patients may have increased appetite and weight gain. Computer teaching platforms are a new modern way of teaching classrooms that integrate traditional classroom instruction. Teachers in this platform guide students at every step of the process, while organizing steps to monitor students’ every practice to guide students to the right standards, while students actively participate and actively explore during the learning process. The interactive message delivery pattern of the computer system under medical mimicry is a new, student-based educational concept that is conducive to stimulating students' interest in learning and developing students' innovative awareness and ability to practice. It also resolves the contradiction of reinterpreting, less practice, more content, and less time spent in traditional teaching, while taking into account the important role of emotional communication and emotional factors in the learning process. Quality teaching is provided for the training of innovative nursing talent. Computer medicine teaching models offer broad promise, such as online training in medicine, a selection of specialized live-to-live platforms, which can diversify the forms of online training in medicine, eliminate monotonous programming, and enrich the style of live broadcasting with tools such as documents plus lecturer images, screen sharing, and penboards. There will also be more user-to-peer interactions in training. Training can also include permissions, video encryption, and authorization for some trainees to watch, thereby protecting users’ privacy. Surgical live, with a dedicated online live broadcast fee platform, the content of live broadcast in the health-care industry could be more professional and allow for live surgery. Specialized live broadcast platforms, which support access to medical devices, allow live multi-planar imaging of the procedure, more stereotactic presentation of the procedure, multi-plane audio-visual transmission, and tele-discussion of medical problems. The live video of the operation supports retroplay clips, which can be stored permanently. By teleconferencing, health-care providers could open a dedicated live broadcast space for patients to see, which would not only increase the efficiency of the call, but would also be effective in relieving current health-care resource constraints. In academic conferences, in the face of large or local academic conferences, at a time when the pandemic is relapsing, it is best not to gather on a large scale, but isn't it good to solve the troubles? Through live conference calls, experts or doctors can communicate online, and through live interactions with wheat, saving more costs.

3. Computer medicine teaching platform analysis

With advances in science and technology and the spread of the internet, computer network technology is increasingly being applied to educational fields, and computer teaching platforms are becoming popular because of their advantages of convenience, efficiency, and abundance. Computer companies should invest heavily in developing experimental systems for skills training such as medical emergencies, diagnostics, care, women and children, pediatrics, anatomy, traditional medicine, and oral medicine. Meanwhile, simulators of cardiopulmonary resuscitation of products produced by computer companies have become

popular among education systems such as health care, medical education, the Red Cross, electricity, transportation, fire control, safe production, and the public community, and will be favored and praised by their clients. Computer companies as manufacturers, suppliers, and service providers of modern medical educational equipment have achieved the primary goal of “specific, technologically advanced, and service delivery. ”Computer companies should have focused on quality, innovation, brands, decency, service, integrity, talent, and institutional enterprise goals. The active, modernized, managed enterprise will strive to serve the motherland's medical education, make outstanding contributions to the health and well-being of all mankind, and join hands in creating a new era of modern medical education.

4. Strategy and Conclusion

Computer medicine education for PD is an empiric-based form of education. It aims to inform and guide families in distress so that they can develop the skills to understand and deal with problematic candidates or to deal with difficult family relationships. In some cases, this approach provides information and education to prevent conflicts or teach specific skills for daily nonclinical situations. Cognitive behavioral therapists are well suited for the computer medicine educational program integrated system theory. The study of pedagogy is concerned with educational phenomena and problems, summing up scientific theories and practices of human educational activities, and exploring practical educational problems in the course of education and development, thus revealing a social science of general educational law. Computer education is a widespread social phenomenon in life, and it is a purposeful activity to train people. To be effective, educational campaigns must be studied. In particular, the development of modern society, the development of modern educational practice, requires new and higher requirements for the study of pedagogy. There are many issues in education that require further study, such as education's essential problems, education, society, human relations, educational purposes, content, ways, methods, forms, and their relationships, educational processes, main issues, institutional problems, management issues, and various educational theories and practices that reflect Chinese characteristics. Therefore, the study of pedagogy is of far-reaching significance, combined with the above knowledge, and we believe that computational teaching models should be designed under the guidance of the humanities and social sciences, and conducted educational experiments, investigations, and, in due course, global dissemination.

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