

Current Issues of Novel Drug Versus Thrombosis as Main Cause of Death

Bahram Alamdary Badlou*

Department of Research and Development, BBAdvies and Research, 3706XA, Zeist, The Netherlands

*Correspondence should be addressed to Bahram Alamdary Badlou; bbadlou@casema.nl

Received date: January 13, 2019 , **Accepted date:** January 25, 2019

Copyright: © 2019 Badlou BA. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Commentary

Appropriate medicinal drugs can save life of any patient at risk with high mortality and morbidity. All ongoing costs and benefits are covered mainly by the health insurance, the pharmaceutical, and alternative medicine-industry. Recently economic problems affect Patients-Related Care/-Cure and Medical Approach (PRCCMA). It is becoming obvious that lack of Global Scientific Standard Procedures (GSSP), somehow a defective system of support by local governmental organizations, profits and benefits, and dramatic decrease in the appropriate research funds; have affected either 'the choices' of patients or of the different (multidisciplinary) medics to get right drugs for their treatment strategies and ongoing disease, shockingly. Subsequently, in 21st century the PRCCMA is going toward cheaper and cheapest, and not better and best qualified medicine. Both patients and authorities are looking for good qualified (para-) medics, remarkably. How with cheapest drugs and alternative medicine could a physician cure a cancer patient is the main challenge in this century. On the other hand, another important issue is still the relationship between the main cause of the in-hospital mortality and morbidity rate and applied drugs and their side effects, which they are not studied and being elucidated completely [1-3]. Human Blood Platelets (HBP) are lifesaving a-nucleated blood cells, which are playing pivotal rule in bleedings and/or thrombosis-related disorders. HBP's easily being affected after anti-coagulants/anti-platelet (anti-CP) drugs intake. Because of different underlying cardiovascular and or Hemato-oncological diseases physicians prescribe different anti-CP to manage certain disease progression and monitor treatments and/or side effects. After certain

unknown modern drugs platelet disorders lead to defects in primary haemostasis, and have indications dissimilar from coagulation factor proteins deficiencies (disorders of secondary haemostasis). There are raising evidences that platelets dis-functioning properties are involved in the cancer metastasis, however [1-4]. The main bleeding disorders (massive and uncontrolled leakage of the certain damaged vasculatures), and thrombosis (sudden massive clot forming due to thrombocyte hyperactivity defects) are directly correlated to HBPs dysfunction and hyperactivities [5]. These afore-mentioned processes are strictly regulated by multifactorial dissimilar processes [3-5]. Hypothetically it would be great if we could monitor all kinds of exogenous effects of drugs on HBPs' pathophysiology, timely. In 21st century different economic-based reasons resulted in quick approval of unknown (biological) drugs and without any validation restrictions the FDA approved some biological 2 drugs for production, which almost none of these novel drugs got time to follow standard validation procedures, in my view. In one hand, from recent (unpublished) data could be seen that sudden death increased in patients and some randomised subjects between 30 to 35 y old males, significantly. On the other hand, the FDA approves in a rap tempo any unknown biological (alternative) drugs, which might have a miniscule effect on some un-treatable diseases. Unfortunately, catastrophic effects of approvals cause un-comprehensive medical practices based on economic-based choices. In my view, all Medici and Governments should be concerned about ongoing progressions in drugs development and public health policy. One is observing a bad progression toward medicinal choices, which would be made on selection bias and economic-based condition of patients. Recall,

all side effects in patients were generated after first pharmaceutical applications.

References

1. Franco AT, Corken A, Ware J. Platelets at the interface of thrombosis, inflammation, and cancer. *Blood.* 2015; 126(5):582-88.
2. Badlou BA. Climaxes of relationship between cancer, microorganisms and platelets. *Acta Scientific Cancer Biology.* 2018; 2(9).
3. Cowan PJ, Robson SC. Progress towards overcoming coagulopathy and hemostatic dysfunction associated with xenotransplantation. *Int J Surg.* 2015.
4. Qiao JB, Li J, Zhang XF. Analysis and treatment of multiple severe venous vascular malformation syndrome combined with coagulopathy. *Chin Med J (Engl).* 2015; 128(18):2546-48.
5. Asadifar M, Bakhti M, Habibi-Rezaei M, Moosavi-Movahedi AA, Tabatabai MR, Ahmadinejad M, Badlou BA. Platelet aggregation increased by advanced glycated hemoglobin. *J Blood Disord Transfus.* 2015; 6:4.