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Superior anti-platelet drugs: Guerilla innovation

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While guerilla marketing and guerilla warfare are well known, guerilla innovation is a new concept. Guerilla tactics used by a pharmaceutical drug discovery innovator are not only effective, but also force one to think outside the box. The techniques used to bring the drugs to market without compromising safety and efficacy is of paramount importance to a guerilla innovator. How does guerilla innovator different from a drug discovery scientist? A guerilla innovator does not spend huge amount of other people's money to design and develop a new drug. Instead the guerilla innovator uses bridging two apparently disjointed concepts, brings them together to postulate a mechanism of action, and then reverse engineers to the right molecule with extreme precision. This means a guerilla innovator does not synthesize thousands of chemicals and go through an expensive screening process. Instead, based upon reverse engineered process, zeros in on either two to four molecules right for the treatment of any underlying disease. Yes, one or all of the three or four molecules are the ultimate drugs, and they all should work, if the guerilla innovators thinking process is correct. Key requirement for the guerilla innovation is that the safety of a drug is critical, the precise molecules must be almost devoid of toxicity, and thus therapeutic efficacy is multifold compared to existing drugs. I, a pharmaceutical R&D practitioner, will explain this guerilla innovation concept to the audience, and will encourage discussions during and after the presentation.

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A clinical trial on optimization of the heparin utilization in coronary angiography

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Unfractionated Heparin (UFH) has been conventionally used during Coronary Angiography (CAG). However, no data is available for the dosage required. Vascular complications are still frequent in special group of patients. The objective of this study was to determine the incidence of bleeding, vascular, and ischemic complications using three different heparin regimens after successful coronary angiography. This study enrolled 105 patients divided into three groups: Group 1: (n=35 patients) receiving a dose of 5000 IU (systemic heparinization), Group 2: (n=35 patients) receiving a dose of 5000 IU of heparin on the flush saline and Group 3: (n=35 patients) control group will receive flush saline i.e. normal saline flush. All patients included in the study will be subjected to Full history taking, Complete general and local examination of the heart and blood vessels, 12 leads resting ECG, routine laboratory investigations including fasting blood sugar, liver and kidney function tests, complete blood picture, lipid profile and coagulation profile. Descriptive statistics was done including mean, standard deviation and percentage. Comparison between groups was done using one way analysis of variance and comparison between the parametric variables was done using chi-square test. Results of the current study showed that there was no significant difference between the three groups regarding the number of diseased vessels or the incidence of slow coronary flow or incidence of normal coronary arteries ($p>0.05$). The clotting time and PTT were not significantly different in the three groups before coronary angiography ($p>0.05$). After coronary angiography, clotting time and PTT were significantly higher among group I and II than that of group III ($p<0.05$). Comparison between before and after coronary angiography in group I and II, the results showed that the clotting time and PTT increased significantly after the procedure ($p<0.05$) while, in group III there were no significant difference between before and after the procedure ($p>0.05$). The sheath removal duration was significantly higher among group I and group II than that of group III ($p<0.05$). There were no major complications recorded in any of the patients in the three groups. Routine elective coronary angiography may be performed without the use of UFH was found to be safe however further detail study is recommended.

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