ON BEING A ‘PHYSICIAN PATIENT’ WITH HIS OWN EXPERIMENTAL THERAPEUTIC DRUG

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Dear editor,

We have read with great interest the paper by Patiroglu et al. on the mucosal healing effects of Ankaferd hemostat (ABS), recently published in Turk J haematol (1). They suggested that ABS could be effective for the management of chemotherapy-induced mucositis. We would like to share our own experience with ABS on the burn-induced skin wounds in a patient.

The patient, herein, is a physician and senior author of this paper (ICH). He is also the mentor of the first author (RC). The experimental therapeutic drug is Ankaferd Hemostat (ABS), which had been developed as a medicine with numerous clinical studies (https://www.ncbi.nlm.nih.gov/pubmed/?term=ankaferd), mostly authored by ICH himself. ABS is the first topical hemostatic agent acting on red blood cells (RBC) and fibrinogen gamma interactions, tested in clinical trials (2). ABS is a drug officially approved for the management of clinical hemorrhages in Turkey (3). However, ABS has never been used in humans for the therapy of burns,
until ICH, had his left forearm severely burned by a boiling tea kettle. In his physical examination, the burnt areas acutely developed heavy erythematous lesions which then complicated into several bullous lesions.

At the time of the burn accident that ICH had been exposed, ABS for the burn wound management was only demonstrated in rats (4, 5). The burns were induced in Wistar albino rats by Kaya et al. They showed that ABS decreases the inflammation, wound diameters, increases wound contraction and tissue fibrosis in rats with burn injury. (4). The results of another rat study demonstrated that ABS has a positive effect on second degree thermal burn healing (6).

The emergency state of the severe burn lesions and the availability of Ankaferd Hemostat at the time of the accident enabled us to apply Ankaferd topically on the burn lesion of ICH. The burn lesions were clearly regressed and wound healing occurred with no complication upon the usage of Ankaferd Hemostat in our physician patient (Figure 1).

In the history of medical science, there are many inventors that apply their own therapeutic tools for the management of their own diseases, such as Dr. Barry J. Marshall. He drank the H. pylori bacteria himself and developed stomach ulcers within a few days. He later successfully treated himself with antibiotics and went on to win the Nobel Prize (7).

The conclusions that were drawn from our unique clinical story are;

- Medical inventors and researchers are enthusiastic for the use of their experimental drugs in clinical situations.
- The weakest aspect of evidence-based medicine is the ‘lack of evidence’ in the related particular clinical problem. This represents a great challenge particularly for the real life medical emergencies.
- Sometimes, medical doctors have to make clinical decisions despite the lack of solid scientific evidence in the presence of urgent medical needs.
- Rat and animal studies may be the only source of evidence for human use in some medical emergencies.
- Nevertheless, the best clinical practice should rely on the best current evidence obtained through randomized controlled clinical trials.

References


