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Integrative clinical trials: Holistic and tissue engineering

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Any holistic medicine, if it is to be truly holistic, cannot possibly take the policy of escapism from clinical trials. The intention to design experimental trials on animals before coming over to mankind has been focused on to procreate the most state-of-the-art clinical trials for human holistic medicine. Thus, split-plots (and even: Split-split plots) are brought at work to employ the full efficiency of Bayesian statistics for purposes of holistically infer posterior likelihood in cases of predictions based on priors. This spells that on the one hand clinical trials are not necessarily to be of randomized nature. On the other hand, the basic ideas of HCT (Holistic Clinical Trials) and ICT (Integrative Clinical Trials) by means of incorporating Algebraic-Topologic notions (rather than simple numerically crunched data analysis) into the main body of any trial of clinical essence, hence emerges to be the most applicable handy clinical trials of near future medicine. Regarding the relationship between the functionality and the geometrical shaping of cells, we have for the last 4 years been examining the topology of normal/stem/cancerous cells whereby the induction has been made that: The Atiyah-Hirzebruch spectral sequence has its (even if narrow) application in predicting the topological properties of tumor microenvironments. This in itself makes it possible for the early diagnosis of some types of cancer possibly even without leveling cultures (say, through immunocytochemistry tagging). The whole process revolves around the idea that the cohomology either through K-theory or by means of C-algebra not only differentiates in between normal and abnormal growth but also (by adding on the application of CW-complexing) brings about the likelihood of discerning those sub-spaces in which stem cell structuration could be manipulated. This even goes to the extent of molally/molecularly designing for culturing those tissues which are mostly regarded to be entelechially non-regenerable, though our success has not been as remarkable in this later field as it has been in early cancer diagnosis and/or minutely tailoring regenerable tissues all through the assistance of the said branches of mathematics. We have our own methodology for morphological landscaping in non-human cellular networks, too. Employing a personalized strategy by taking into account the patient's specific conditions, Integrative Medicine (IM) endeavors to apply all appropriate interventions from a whole set of science branches to bring back health. However, this does not remain fully without its own challenges from almost all sides. Complementary and Alternative Medicine (CAM) on the one hand and evidence based medicine (EBM) on the other, has their own rightful say in the affair. In order to be able to check up and down on the modalities of research as far as unforeseen challenges into the future are concerned (let alone those already extant), we have devised some a priori vs. a posteriori systematology whereby experimental subjects are (constantly) re-shuffled. Then, groupings of instantiations are posed one onto the other so that a certain RCT could approximately represent (without necessarily presenting) another run of a similar RCT.

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