Heart and Brain Stroke, a Paramount Task for Emergency Medication

Da-Yong Lu1*, Ying Shen2 and Bin Xu3

1School of Life Sciences, Shanghai University, Shanghai, China
2Medical School, Shanghai Jiao-Tong University, Shanghai, China
3Shanghai Institute of Materia Medica, Chinese Academy of Sciences, Shanghai, China

*Corresponding Author: Da-Yong Lu, School of Life Sciences, Shanghai University, Shanghai, China.

Received: September 11, 2019; Published: October 21, 2019

Abstract

Heart and brain stroke is one of deadest diseases admitted in emergency treatments. Three important factors are associated with therapeutic outcomes for heart and brain stroke. This editorial discusses with current and future therapeutics for this disease.

Keywords: Heart Disease; Brain Stroke; Emergency Diseases; Emergency Treatment

Introduction

Heart and brain stroke is one of deadest diseases admitted in emergency treatments. Three important factors are associated with therapeutic outcomes for heart and brain stroke.

1. Quick deaths of patients if a small length of treatment delay;
2. Opposite pathways and cascades with extreme head/heart pain or coma symptoms (ischemic or breeding);
3. Good surgeon are needed to treat patients as early as possible.

Discussion

Diagnosis and treatment for heart and brain stroke need high quality of medical practice. These medical efforts requires good emergency systems to support.

Future Direction

1. Modern instruments will be utilized for diagnostic purposes (quick disease localization and therapeutic options-drug or surgery)
2. At least one surgeon or specialists (cerebral or cardiovascular diseases) must be available that stroke patients can be immediately treated.
3. Doctors with medical degrees of surgery and cardiovascular must be recruited in big emergency medical centers.

Conclusion

Heart and brain diseases are fatal and sudden for disease progresses. More efforts should be given for therapeutic improvement and scientific knowledge updating.

Volume 3 Issue 11 November 2019
©All rights reserved by Da-Yong Lu, et al.