

Pharmaceuticals and Intracellular Bacteria

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Abstract

Some fifteen intracellular bacteria ICB could be identified harboring the human living cell may be for the rest of its (the cell) life with all slow ongoing structural changes that end with many varieties of diseases the more importantly the chronic ones. Chemotherapy against these intracellular bacteria is ineffective and poorly understood. So, Eradication practically is not a fact. A shed of light should be thrown by someone to alarm and notify the health community for the potential hazards and to the role of the intracellular bacteria in particular in pathogenesis of un-known etiology health catastrophies. Also what should be managed to combat these ICB.

Keywords: *Intracellular Bacteria; Therapeutics; Neuron; Pharmaceuticals; Sick Cell; Brucella; Salmonella; Carcinogenesis bacteriophage*

Introduction

Over fifteen years of my work on the biological bases of diseases and as a neurosurgeon on surgical pathologies, I found that *Brucella* is the cause behind a wide variety of unknown etiology medical diseases and also behind a wide range of surgical pathologies. So, the concept of medico-surgical pathologies is the main stay fact. At the beginning it was based on clinical trials. Treating with anti-*Brucella* was very effective and encouraging to control that of unknown etiology and to cancel the need for surgery. But the unwanted event, is no cure!!! which means the antibiotics are of very limited capacity to eradicate chronic Brucellosis, for that you see the patient swinging between good and bad when on anti-*Brucella* due to resistance or some any?!! So I change regimens every now and then., patients go to pretreatment condition when stop treatment even after months. This fact made many clinicians who diagnose brucellosis use symptomatic and palliative medical and surgical treatment. As the pathogen is still present, you see more and more medical worsening and surgical failures.

I made a great personal and cooperative efforts to understand the way with which antibiotics can affect these intracellular bacteria, still many vague points made me very illiterate in what I use to help my patients. In some situations I feel not sure, this lead me to widen the spectrum of PCR tissue biopsy screen to detect more than *Brucella* however the clinical outcome is in favor of it.

If we skip the costly return of Tb. *Brucella* and other intracellular bacteria hazards are under-estimated which are a real mankind danger.

The pathogeneses done by intracellular bacteria are very serious, simply due to their sitting inside our cells in a way we are so unaware about its nature, we are SLAVES for them. For that our pharmaceutical weapons are still need to be upgraded. Through my work analyses I concluded that the intracellular bacteria are the attractive factor to the viruses to invade our cells, where bacteria act as a natural nests for viruses multiplication (bacteriophage). Traditionally, it is known viruses within our cells make gene mutations that may cause Carcinogenesis, I say, bacteria within our cells act as the "sweet which attract the ants" the ants here is the viruses, in other words viruses could not inhabit our cells and make changes unless these intracellular bacteria are present. In nature one find many examples like monster shark accompanied with some kind of small fishes as symbiotic manner or others. For that I think it is the missed ring in the chain of can-

cer preventive and therapeutic researches, efforts should be re-directed towards this fact which also act as a key hole which open a new doors and pave roads and routes to understand and bring more favorable results in prevention and treatment of diseases. According to this vision, my definition had change to the classification of acute and chronic diseases, where I realized that, it is only chronic illnesses, the acute ones are the pulsed event built on long standing of structural alterations within the cell caused by these intracellular bacteria.

Pharmaceuticals including herbs and Probiotics are the answer to make our cells free from intracellular bacteria, this is the doctrine in preventive and therapeutic medicine. Pharmaceuticals made a successes over the past century. Today pharmacology is requested to adopt more daring concepts in management of thoughts and resources to make the second derivative of the equation.

Patients and Method

As I mentioned earlier, my concepts are built on the results are obtained over the past 20 years of my career as a neurosurgeon. Also, these concepts are derived from a belief in a philosophy or a logic that surgical pathologies are a sequel of unresolved medical issues, for that all patients (ages, genders) are subjected to this principle. Thorough clinical examination as if I look for a systemic illness, the chief complaint is one event of it (systemic illness) not direct my mind to be focused in that chief complaint only. By gathering the clinical examination findings we will have an arrow pointing to a known systemic illness, which is an infectious of long standing manner either diagnosed some years before but treated partially for some reasons or it run sub- clinically right away to produce complications as the time passes. PCR examination for open muscle biopsy proved this vision to a good extent.

Results

Here results are not measured by the percentage of the number of patients improved by this concept, the soul is, the discovery of the mysteries of so many unknowns.

Discussion

I do not want to discuss how many unknown had been unlocked, they can be found when searched through my name. Rather, a vital and could be the principle issue in man-kind researches, the carcinogenesis. I want to concentrate with some hope that I also unlock it in the same way. In nature things happen when many factors geometrized in certain way. For simplicity, one of these factors is a governor GF, others are co-factors. This GF what makes utilization or employ of the other co-factors in certain way to yields that event. To apply what I am saying on earth and to entering the subject directly without revolving around, the intracellular bacteria ICB that are inhabiting our cells and are so difficult to get rid of them, these ICB will make the cell to cell changes, of course as there is unwanted events yields the changes completely are in favor of the invader which is the ICB not that of our invaded cell. As time passes many and many will happen. As in cell growth where no simple or mere some cytoplasm is poured in. There is organized merge of new and old cytoplasm with the parallel organelles response or re-organization. Here the cell of ICB is the same in principle to our cells. Whence had admitted into the cell of ours, that means it passed the defenses of whatever, so this ICB has the "key". It means more advanced than our safe (cell) lock, this is the first. Two, when ICB become in, anybody can tell me do our cells have an internal defense!! Let us leave this, and go to the pure or simple chemical reactions when two substances be in touch in the circumstances of living (temperature, pressure and humidity) there should be some sort of chemical reaction. In biological systems most reactions are on the level of macro-molecules. These macro-molecules are the building units of the cell ultra-structure of both the invader and the invaded cells. Whence the outcome collectively mostly or completely in favor of the invader here the invader has the "key" too or again which denotes the superiority of this invader over our cells. As a logic result, the internal defense of our cells is overcome if any!! Another fact, if these invaders stay in-spite of our external defense whether endogenous (immune system) or exogenous (pharmaceuticals) that means these invaders are superior to all of that. This short account just to remind us and to show us the real fact of our capabilities against ICB and to pin point that why we are omitting the role of these ICB in changing the internal environment of our cells where many will be arranged negatively on this simple fact and the cell division is one of that with the "dizziness" of the immune cells to recognize the defectively dividing cells this "dizziness" is also related to the invasion of

these immune cells. These words were should be mentioned in method and results sections but I preferred to mention them here for the direct link for their direct importance, when my work results was depending on clinical trial treatment then on PCR open muscle biopsy the high encouraging results in places other than my country, Iraq where I worked gives the fact of high incidence of Brucella or Salmonella which are both an intracellular Bacteria ICB. This fact is omitted in standard treatments which means under- estimated for a high extent in all over the world where any have his own ICB which live and accommodates the invaded cells towards its benefits. I can say that we have to term the “sick cell” on the invaded cells of ours (including plant and animal). From that these sick cells by many ways yields the cancer so we have to treat them by every effort rather than we focus these efforts on pollution only and getting deep into the biochemistry in all levels and kinds of it keeping analyze and analyze in a time we are analyzing the results only and build on them.

Conclusion

We have to look for the incidence of intracellular bacteria into our cells, then we can talk.

Recommendation

PCR or Micro-array tissue screen is the solution.

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This work is dedicated to whom in touch with the unknown, scientists and genius researchers. So I will mention no references. Because they are the reference themselves.

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