

WHEN WILL THE HEALTH WORLD
BE ABLE TO MAKE SCIENTIFIC
CLINICAL RESEARCHES ?



PURPOSE

I wrote this to increase the awareness about the faults/deficits of clinical scientific research (planning, methodology and interpretation) of all individuals, from any literate individual to my medicine colleagues.

This way, when presented with a clinical research or interpretation, the faults, deficits in planning or methodology or manipulative interpretations can be effectively evaluated and the scientific value of said research can be assessed.

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OBJECTIVE

With the increase of conscious individuals and medicine professionals;

- A. Scientific study standards will rise, and supervision before execution and publication will increase.
- B. The purpose and comments of scientists executing the studies can be supervised.
- C. The sharing of faulty information by medicine professionals and columnists who tweeze out words/data to manipulate information will be prevented.

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PLANNING LOGIC

Creating scientific standards for the planning and evaluation of clinical researches on humans is important.

Intentional or unintentional faults/deficits in these standards result in misinformation and faulty guidance released to a wide group by the scientists/columnists who interpret these.

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EFFECT ON NEW STUDIES

The more important effect of the mentioned chain of events is that the studies will be used by other scientists who view these as not faulty in the planning of their new clinical researches.

Sadly, hundreds of thousands of studies referencing faulty hypothesis'/editing result in the waste of time/money/respect/trust.

I'll be mentioning the overlooked basic needs under the title of "The essentials of the studies" to make my point clear and to increase your awareness.

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THE ESSENTIALS OF THE STUDIES (1)

1 COMMON FEATURES/DIFFERENCES

Many details must be taken into account such as: Age, Gender(Pregnant/Breastfeeding), Race, Height, Weight, body type, body mass, diseases, place of birth, accomadation, occupation, sleep quality, sleep and exercise duration and hours, genetic qualityess, family tree, medicine, alcohol, smoking, drug and stimulant usage, stamina, psychological assessment, how many times they have participated in such studies, whether they are paid or volunteered, allergies and intolerances ... etc.

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THE ESSENTIALS OF THE STUDIES (2a)

2a NUTRIENT STANDARDIZATION

First, the daily nutrient composition which takes the participants PAL, exercise, genetic test results, medicine, alcohol intake and all diseases into account must be determined.

Then daily menus that filter the intolerances, allergies and disliked foods of the participants should be prepared and their compliance must be monitored.

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THE ESSENTIALS OF THE STUDIES (2b)

2b THE SUGGESTION OF DIFFERENT QUANTITIES OF NUTRIENTS

To make a research in which participants intake
7 times more of some of their nutrient needs
(FE: Iron, B12, Tryptophan, Zinc, Pentadecenoic Acid)

and 1/3 times less of some of their nutrient needs
(FE: Behenic acid, Caffeine, Copper, Stigmasterol, Galactose),

menus that supply the modified amounts exactly
must be prepared and recommended to the
participants, and their cooperation should be
monitored.

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THE ESSENTIALS OF THE STUDIES (3)

3. EXERCISE CHOICE, DURATION AND TIME

In the case of a research in which the participants have to engage in exercise that suits their body type/muscle mass, and is of varying effort levels, frequencies, time and duration;

The recommended exercises (for example: walking with a speed of 6 km/s twice a day for 45 mins at 09.00 and 18.00) should be reminded beforehand, and the time, speed, duration, energy exerted and whether they have been executed or not should be monitored.

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THE ESSENTIALS OF THE STUDIES (4)

4. OTHER PARAMETERS/PRACTICES AND RESEARCH

Executed blood, urine and other body fluids' analysis, radiologic, interventional and endoscopic examinations, body fat, mass, bone, water and mineral analysis, arterial positional blood pressure, pulse, VA, SaO₂, respiration rate and the time, duration and procedures of other parameters, practices, research not mentioned here should be presented and reminded to participants with adequate explanations, and the obtained data should be converted into projective graphs and evaluated.

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HOW MUCH OF THE REQUIRED CAN WE ACTUALLY DO ?

I want you to answer this question by assessing the example I gave about nutrient standardization under the title "How accurate are our studies?".

Also, I would like to point out that there are hundreds of interactive parameters that are required in clinical research studies other than nutrient standardization, and the mistake potential caused by similar deficits is also there.

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HOW ACCURATE ARE OUR STUDIES (1)

Let's imagine a study which uses nutrient values to make the answer to this easier to understand.

Let's make the participants intake 1900 mgs of sodium per day for 12 weeks and research how this affects their arterial blood pressure's values.

(We'll put aside blood pressure measurement standardization, follow up appointments, exercise, stress, diseases and other factors that affect the reserch results)

Let's only look at the requirements to make the intended sodium intake possible.

(I=Intended A=Achieved)

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HOW ACCURATE ARE OUR STUDIES (2)

- I. First, the daily nutrient composition consisting of nearly 140 nutrients should be determined taking the participants PAL, exercise, Medicine usage, genetic test results/lineage information (if available) and all diseases into account.
 - A. Sadly, to this day there has been no scientific study that determines the daily nutrient composition of the participants while taking their diseases into account.

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HOW ACCURATE ARE OUR STUDIES (3)

- I. Then, menus (according to the participants daily nutrient composition of nearly 140 nutrients) that filter the participants food intolerances, allergies, and unwanted food and change everyday must be prepared and the participants must be monitored.
- A. To this day, there has been no scientific study that recommends menus (according to the participants daily nutrient composition of nearly 140 nutrients) while also filtering the participants food intolerances, allergies, and unwanted food.

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HOW ACCURATE ARE OUR STUDIES (4)

I. Then information regarding the recommended food and drinks in the participants menu must be presented.

They should consist of amount (gr/measurement), ingredients, recipes, photos/videos showing the phases of preparation and the end result and which meal they will be consumed.

A. To this day, there has been no scientific study that standardizes nutrition by presenting even some portion of the details mentioned above to it's participants.

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HOW ACCURATE ARE OUR STUDIES (5)

- I. Lastly, we must determine how much is actually consumed of the salt(NaCl)added during the cooking process, and how much is lost.
 - E. To this day, there has been no scientific study that calculates the salt lost in the cooking process of food in the recommended menus.
- * Also, controlling whether the participant added salt to their food or salad is quite hard.

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THE SOLUTION (THE NEED FOR A MASSIVE SOFTWARE PROJECT)

In order to make studies suiting the desired standards possible, a massive project consisting of hundreds of applications, that will meet medicine professionals' and participants' every need, that is interactive and able to exchange information on all levels is needed to make the new backbone of the world health platform.

With the help of the mentioned project's diagnosis, treatment and monitor functions the amount and credibility of scientific studies will increase.

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THE SOLUTION (THE NEED FOR A MASSIVE SOFTWARE PROJECT)

Our deficits in patient diagnosis and treatment will be close to none and will become more transparent.

This way, prejudice, trust, respect, love issues between both parties will diminish day by day, and practical, affordable and accessible health services will become available to 7.6 billion people.

This type of project has never been thought of before, let alone fully planned or thought of even by software groups and health authorities who dominate the health world.

I will talk about what qualities a project such as this must have in my upcoming posts.

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