Summary and Conclusion
The present study showed the thrombolytic efficiency of Thrombinase in venous and arterial thrombosis and it also indicates the early reperfusion capability even in arterial thrombus. Hence, Thrombinase can be a drug of choice irrespective of the location of clot whether it is in artery or in the vein.

The increase in the Thrombinase concentration increases the thrombolytic activity and also prevent further reocclusion of the same vessel.

Thrombolytic action of the Thrombinase not only depends on the concentration and also depends on mode of administration (bolus or slow infusion)

The pharmacokinetics studies indicate that plasma clearance of Thrombinase is not very rapid and hence reduces the dose and repeated multiple drug administration.

Thrombinase appears to be very specific about its substrate that is fibrin alone. There was no change in fibrinogen, PT, APTT and coagulation time indicating an added advantage, as it is not initiating any bleeding complication by degrading the fibrinogen and other clotting factors.
Moreover Thrombinase did not change circulating number of RBC, WBC and platelets. The haemoglobin and haematocrit values remain constant during the observation period. No alteration in functional parameters like blood pressure, respiratory rate and rectal temperature. These characters demonstrate the favorable therapeutic potential of Thrombinase

The search for new thrombolytic agents to find substantially slower rate of clearance relative to other available thrombolytic agents and maintain fibrin selectivity which should not affect the normal coagulation profile, are met with by Thrombinase rendering it the potential clinical advantages. With slower rate of clearance, high fibrin specificity undisturbed normal coagulation profile with good thrombolytic efficacy, Thrombinase has sufficient evidence for human trial.