

Postcovid-19 war era, hematologic disorders significantly increased by Covid-19 variants, mysteriously

Abstract

COVID-19 mutant(s)' attacks are not over yet. Most people who developed COVID-19 infection fully recovered, but current confirmation suggests approximately 10%-20% of people experience a variety of mid- and long-term effects after they recovered from their initial illness.

Besides, isolated blood products transfusion is a lifesaving procedure but hematologic disorders after transfusion accelerate morbidity and mortality rates, however. Platelet (hypo-)hyperactivity and dysfunction in different COVID-19 patients were already known facts but whether COVID-19 different variants could activate and/or accelerate death triangle machinery in diabetic and cancer patients, which can initiate synergistic interaction is not entirely elucidated yet. Deficiencies over standard protocols and golden standards in blood transfusion and biological products are of considerable concern now (March 2023). Subsequently, the management of almost all-natural products produced recently and biosimilar and their associated quality controls endure significant ignoring problems. What we learned from the last 3 years pandemic was that different blood banks isolated products still are potential hazardous factors to cause accelerated death and/or recovery; if they (in-) appropriately applied, curiously.

In this mini-review is tried to unravel different potential changes, relationships, and associations between lifesaving (blood transfusion, isolated blood products) versus not-lifesaving approaches/procedures after 2023. Besides it tried to highlight specific context and rationale, especially concerning main factors that are playing a crucial role in the Pandemic separately, and/or together in an additive and/or synergistic way, to increase chronic postcovid-19 side effects/ collateral damages to longcovid patients.

Keywords: post covid-19era, biologic war, long covid, patients, medicine, vaccine, human rights, platelets, cancer, microorganisms, death triangle machinery, pandemic, pathophysiology, *in vivo*

Introduction

Post-COVID-19 era magnitudes learned different lessons i.e. specifically to all (Para-)Medici and Researchers that still so many aspects of mutation /changes in microorganisms' behavior are, which whole aspects of them, are not elucidated completely yet (April 2023). Globally, more than 7 million registered subjects died due to COVID-19 variants (might even up to 30 unregistered died!?), who in my view, none of them deserved to die, unpredictably. Furthermore, the most important devastating aspect is the failing aspect of Scientific (Medical)Societies, which is being paralyzed concerning developing a novel standard protocol to prevent accelerated morbidity and mortality rate in infected patients between 2019 to March 2023.

In this mini-review is tried to unravel different potential changes, relationships, and associations between lifesaving (blood transfusion) versus not-lifesaving approaches/procedures after 2023. Besides it tried to highlight specific context and rationale, especially concerning main factors that are playing a crucial role in the Pandemic separately, and/or together in an additive and/or synergistic way, to increase chronic postcovid-19 side effects/ collateral damages to "longcovid patients".

The important gap between vaccines and Medicine is vanishing morality and ethics, and One is observing the chaotic usage of both holy words viz. "Medicine and Vaccine" in an impairing and improper manner.

The hypothetical mechanism of bidirectional interaction between different angles of the death triangle (if appropriately used) could play as a lifesaving procedure, a novel idea that I invented in 2018. For example, if (Para-)Medici understands what is a (bi-)directional association between COVID-19 variants and Blood Platelets (BP) concentrates (PCs), which are isolated and stored for a maximum of 7 days.

In this postcovid-19 era, a sincere question arises "what would happen to the PCs with potentially contaminated microRNA of different COVID-19 superbugs after 3- up to 7 days when PCs transfused into Cancer patients, who need 5 -10 PCs to stop their bleedings disorders? Does anybody know what would happen, post-transfusion? Corona is now a so-called endemic, says the Ministry of Health in the Netherlands: Infected COVID-19 patients can be treated now in the same way as the flu (meaning resting at home only). Testing and isolation are therefore no longer necessary, while the distressing aspect of reporting patients with long-term COVID-19 patients should not be forgotten. Chronic COVID-19 patients are often felled for a long time by different kinds of side effects, about which little is known. What else do you want to know about long-term COVID-19 variants almost were published but no standard Medicare and Medicaid still exist. Isolated blood products transfusion is a lifesaving procedure but hematologic disorders after transfusion accelerate morbidity and mortality rates, however. Platelet (hypo-)hyperactivity and dysfunction in different COVID-19 patients were already known facts but whether COVID-19 different variants could activate and/or

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Bahram Alamdary Badlou

Department of Research and development, BBAAdvies and Research, Netherlands

Correspondence: Bahram Alamdary Badlou, Department of Research and development, BBAAdvies and Research, Zeist, Netherlands, Email bbadlo@casema.nl

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accelerate death triangle machinery in diabetic and cancer patients, which can initiate synergistic interaction is not entirely elucidated yet.

COVID-19 variants accelerated morbidity and mortality rate of cancer patients in the last three years. (Re-) Consideration of bidirectional interaction between different angles of the death triangle is lifesaving,² which depends on three aspects of fundamentally understanding important factors that play a pivotal role in aforementioned issues i.e. such as.¹ Know-how of complex disease progressions.² Understanding de mechanism of Incurable consequences.³ At last but not least can predict different outcomes of unpredictable disease developments as they did occur during COVID-19 Pandemic in the last three years.¹⁻⁶

What do we know? The main causes of increased mortality and morbidity in and/or out of hospitals in the last 3 years are accelerated by COVID-19 modifications in patients, strangely. On one hand; an unexpected decrease in direct COVID-19-associated morbidity and mortality rate, was an astonishing evolution, without commonly accepted main causes, lacking any understandable reason, globally. While the striking issues are remaining on the other hand, still so many patients being infected, which are indicating no central management system, eventually.

Mayana Satze et al. postulated that the ascertainment of nonagenarians and particularly of centenarians who were recovered from COVID-19 or remained asymptomatic opens new possibilities of exploration directing to increase our understanding of biological mechanisms concomitant with resistance against pathogens aspects.⁷ Another potential important factor could be the role of critical anti-aging genes such as Sirtuin 1, which might be important to the accelerated cancerogenic morbidity and mortality rate with relevance to the COVID-19 epidemic. Maybe genes pathophysiological activities could be a new extra angle of introduced original Death triangle theories of Badlou BA different papers 2018- 2023). Moreover, some genes like Sirtuin 1 is presented to be important to the immune response, diabetes and cancer progression, however.⁷⁻⁹ Currently the Science-based works are unfortunately transformed into creating new biological (biosimilar) drugs and vaccines. Subsequently, instead of producing beneficial medicine, they are mistakenly trying to initiate specific hematologic errors, in certain affected patients.

Not only during isolation of blood but also after blood's component transfusion, relating to prophylactic transfusion applications. Translocation of contaminated blood bags, and especially platelet concentrates from one place to another (import/export) without having certain 100% sensitive quality assurance tests is one of the predictable causes to spread of viral variants based on the Covid-19-mother platform. How one normal aerosol virus sort is mutated into a superbug and can tackle all Neutrophils and/or infect blood cells without immunological reactions provocation is a remarkably disastrous progression for the Blood banks centra, globally. Although death triangle machinery, which was introduced in 2018 almost predicted a potential interaction between microorganisms-platelets-Cancer progressions in a(n) (in-)direct (re-)actions;² different blood transfusion associated-curative' solutions have shown their value in the last Century and globally showed extraordinary changes toward preventive approaches.³ Though using vaccines as "Medicines" based on plasma-derived drugs and biosimilars now provocatively initiated discussions/ -resistance, and last but not least controversial consequences between blood banks, globally.

What we don't know is how economy-based strategies of blood banks managers transferred 'the Science-based isolation procedures into hasty plasma-derived antibodies production, which consequently

resulted in extraordinary spreading of COVID-19 variants via donors, hypothetically. Rapid response and (re-)action of blood banks was a revolutionary act against Pharmaceuticals and University Medical Research Centra, which is still matter of debate, between Hematologists. In theory might time pressure (un-)intentionally caused them to respond without having validated background to produce plasma-derived Moabs, which after 3 years, all actions and reactions seems to be (on-)traceable to unravel. But from the beginning different warnings did recall the blood banks for carefulness for bias-based (re-)action. It remains one sincere question why still the research and developments' funds are limited to unravel what is going on in the blood banks, postcovid-19 era. How many isolated blood products are infected and though, become such potentially infected isolated products stored in inappropriate storage rooms, for 1 up to 20 years? One is observing that might economical conflict of interest rather than regulated quality controls affairs-laws, and human rights for health, is dominating current management strategies, however.

In these so-called postcovid-19 eras, One is observing nobody has a clue what would be happened in the near future. All restricted interrelated information is believed to tackle our understanding over "what practically happened from 2008 up to 2019", in the different laboratories, concerning the CORONA virus's Research and Developments.

Discussion

For the first time in 2019 when COVID-19 killed so many innocent healthy subjects our research team did get involved and interested to follow up on the COVID-19 pandemic attacks and we called it from the very first day "COVID-19 WAR". It may be a question for readers, why I and my research team called the COVID-19 attacks not only very dangerous mutations but also COVID-19 WAR from 2020 up to now? Because it was obvious that every country and its people were at risk to be contaminated and the real consequences were not only getting immunologically attacked by this biological creature but also getting killed although even subject has a completely healthy status, prior to being infected. The rapid development of disease progression was astonishingly not biological and more likely appeared to be as a gunshot causing a remarkably rapid morbidity and mortality processes than an aerosolized virus. The intensity of cough and suffering from delirium were also astonishing novel facts. Hence, I invented a WAR-like concept to warn everybody who cares about their own society. The pitfall in the last three years was limited access to sources of information and most papers published suddenly were pushed to a corner of having top secret information, which also is another aspect of WAR-like behavior.

Amazing problems still are the different "ICT-systems with restricted capacity" based on a selected and differentiated level of risk classification that are presenting data online. Instantaneously, all science-based facts data were showed all aspects of the different studies i.e. blood transfusion and trans-contamination studies which One might needed for his/her research studies, to warranty an integer validated final blood banks product. Now limited Scientists know what happened to the contaminated blood products isolated between 2019 up to 2023. What we learned from the last 3 years' pandemic was that different blood banks isolated products still are potential factors to cause accelerated death and/or recovery; if they (in-)appropriately applied, curiously.

Whether now is too late to start investigations to learn about the presence of any kinds of RNA/DNA/mRNA/miRNA/peptides/ proteins of the different new novel COVID-19 variants in either

donated or stored blood isolated products, and their ability to mutate in any kind of creatures, which become immortal and/or uncontrollable? Nobody knows. On the other hand these kinds of investigations are important topics for the next generation.

Several neutralizing monoclonal antibodies have been developed against COVID-19 variants and are still under evaluation in clinical trials.^{3,4} Though, antibodies are complicated to produce, and may be limited in initial supply³ but why? And how the progression of different novel COVID-19 variants could be prevented is also not elucidated completely.^{10–12}

It is progressively documented since 2020 that particle size is the most important factor of aerosol behavior.⁶ Nano-/microparticles may be directly inhaled, but biological factors such as the size of the inoculum, survival of desiccation, and broader environmental factors, including humidity, temperature, and air movement, impact contamination, together with the defenses of the host influence their impact prior, during and POSTCOVID infection on blood platelets as well.^{2,6} Different (un-)known pathogens, which have been identified in aerosols, and isolated blood products have major implications for novel COVID-19 variants transformations.

We are still missing so many links between patients and donors, which could help us offer the best medical consultative services, and I am feeling guilty about that, as the CEO of my R&D team, I did not have enough funds to undo the aforementioned problems, and unravel more correlations. It could be genes inactivation by the COVID-19 virus, relevant to “line of attack to treat cancer patients’-mortality acceleration, in the postCOVID-19 era. On the other hand all hypothesis need funds for 4–6 years study projects, which 8 main countries who are the policymakers have obstructed all resources, (un-)intentionally. The most important pitfalls is availability of interrelated Sciences, know-how, and interconnected Scientists who are restricted to present their information about how the CORONA virus manipulations toward COVID-19 variants.

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Conflicts of interest

The author declares that there is no conflict of interest.

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