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POSTCOVID-19 WAR era, remarkable accelerated hemato-immunologic processes affecting patients disease progression toward excess mortality

Abstract

Background: The speed of the COVID-19 pandemic, and its potential threat to society, achieved through strange global collaborations and innovation between clinical specialties, different elite research organizations, academic institutions, and governments, recently. Cancer clinical trials have developed into a diverse and sophisticated array of designs suited to differing purposes especially focused on excess accelerated mortality rates between patients. Understanding the mechanism of bidirectional interaction between different angles of the death triangle is a lifesaving novel idea that I conceived from 2018. On one hand, platelet dysfunction after certain pharmaco-toxicological approaches in diabetes, and cancer patients; and on the other hand intervention of different COVID-19 variants, mutating each month, caused (hypothetically) remarkable acceleration of introduced angels of death triangle machinery. A considerable concern is modification of medical sciences using AI-related data processing and manipulations into substantial changes of background information presentation.

Discussion: Different study groups describe how different microorganisms might be involved in accelerated mortality and morbidity rate among diabetes and cancer patients, in this postcovid-19 era. There are different theories about cancerogenic processes and associated accelerating factors. Simultaneously, restrictions by certain main Policymakers made mission impossible to tackle excess accelerated increase in mortality and morbidity rates, between2021-2024. How death receptors become activated and could accelerate harmful processes is not completely elucidated yet. Based on recent studies diabetic and cancerogenic processes can initiate susceptibility to getting infected, however. Lack of a golden standard protocol to prevent blood transfusion-based infection and Transplantation-based transfections, also brought certain (re-)actions of Basic Scientists entirely in a cloudy atmosphere, where more questions than answers appeared to need being answered from 2019. In this paper is tried to highlight more about consequent (re-)action and (ab)using diagnostics that can support using a certain type of therapeutics, which they might cause excess accelerated mortality rates, in these cloudy uncertain post-Covid-19 era.

Keywords: survival, human, obesity, diabetes, cause-effect, postcovid-19 era, diagnostic, chronic diseases, ageing-related diseases, death triangle machinery, platelets

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Bahram Alamdary Badlou
Hematology and Medical Biology, Cardiology, BBAdvies and Research, Research and Development Netherlands

Correspondence: Bahram Alamdary Badlou, Hematology and Medical Biology, Cardiology, BBAdvies and Research, Research and Development Netherlands, Email bbadlo@casema.nl

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Introduction

Previously described how different microorganisms accelerated mortality and morbidity rate among (chronic) cancer patients, postcovid-19 era.[1–7] Instantaneously different research study groups have tried to describe new transformation and Cancerogenic accelerated processes' role in patients with diabetes and obesity collateral damages and side effects post-treatment of routine Chemotherapies and Radiotherapies (with)out immunotherapies are also underestimated, in these postcovid-19 era.[1–4]

There are different theories about cancerogenic processes and associated accelerating factors. For instance from Cancer.gov fact sheet could be speculated that Obesity can cause cancer by producing excess amounts of estrogen, high levels of which have been associated with increased risks of breast, insulin-like growth factor -1 (IGF-1), causing long-lasting inflammation. Subsequently, damaging the body and increasing the risk of cancer.[7] The speed of the COVID-19 pandemic, and its potential threat to society inspired a revolution in clinical trial design, achieved through strange global collaborations and innovation between clinical specialties, different elite research organizations, academic institutions, and governments, recently. Cancer clinical trials have developed into a diverse and sophisticated array of designs suited to differing purposes especially accelerated morbidity and mortality rates between patients. These trials are going to give robust insights into cancer biology, pathology, investigation and certain management (re-)action in the near future. Recent novel tactics involved clinical testing, risk stratification and the development of therapeutics clinical trial evaluating purposed therapeutics in hospitalized subjects.[3–7]

A considerable concern is modification of medical sciences using AI-related data processing and data manipulations into substantial changes of background information, subsequently (ab) using diagnostics can promote certain therapeutics, which they can accelerate mortality and morbidity rates, in an intensely unidentified manner, in these cloudy uncertain post-Covid-19 era. As a result of certain methods, certain infectious diseases produced complex modern hemato-immunologic symptoms and indications, in combination without COVID-19 mutants, causing unknown complex clinical situation, in for instance, long covid patients. Consequently there are certain long covid patients, who have no standard treatments, Medicare, Medicaid and even basic guidelines to follow. Simultaneously, restrictions by certain main Policymakers and Managers, it become mission impossible to tackle the shocking accelerated increase in (excess) mortality and morbidity rates, between 2019-2024. How death

receptors become activated and could accelerate harmful processes is not completely elucidated yet. Understanding the mechanism of bidirectional interaction between different angles of the death triangle is a lifesaving novel idea that I conceived from 2018. On one hand, platelet dysfunction after certain pharmaco toxicological approaches in diabetes, and cancer patients; and on the other hand intervention of different COVID-19 variants, mutating each month, caused (hypothetically) remarkable acceleration of introduced angels of death triangle machinery, as previously described.[2] Based on recent studies diabetic and cancerogenic processes can initiate susceptibility to getting infected, however. Lack of a golden standard protocol to prevent blood transfusion-based infection and Transplantation-based transfections, also brought certain (re-)actions of Basic Scientists entirely in a cloudy atmosphere, where more questions than answers appeared to need being answered from 2019. Recall, nobody has a golden standard guideline to prevent / restore longcovid patients-modern- diseases, and their collateral damages, extraordinarily (2024). There are so many unknown processes which every month became more complex (because of COVID-19 superbugs mutating each month) that getting consensus about a golden standards either over guidelines or over certain standard procedure became "mission impossible". Besides, each patient has own personalized indication(s), which differ from the same population for instance, one is smoking another also have chronic diseases, beside hematooncologic cancer, which did get random 3 up to 15 chemotherapies, randomly.

How microorganisms with(out) novel COVID-19 variants and superbugs affecting patients health and diseases; is a fascinating phenomenal disaster, created in the 21st Century. Moreover, how an aerosol corona simple virus became a superbug with ability to transfect hard tissues aside from long tissue and cells, is still not completely clarified yet. One suggestion is to study at the cellular and molecular level, especially the development of hemato- immunologic processes which are recently observed as a mysterious multistep processes, involving genes and protein-peptide-micRNA mutation. Besides, a series of complex randomly selected energy metabolism, which progressively can increasing capacity of cell organelles for proliferation and differentiation in a random (un)known manner, in cancer and hematooncologic patients, did tickle my research team to invest in certain interactions between Platelets, Neutrophils, and their (dis-)functioning after getting sick by COVID-19 like symptoms (BBAR internal investigation projects 2024-2026). The first step in these projects is to find out which process (es), have priorities to induce initiation phase of recent complex diseases. Based on priorities and their influence on certain long-COVID patients, we are going to analyze the result of (a-) selected genetic alteration leading to abnormal proliferation of a random single cell, in a certain tissue of (a) selected subjects. Hypothetically, the mutated cell get immortalized status, mutated into certain superbugs rapidly, and their progression continues as additional mutations occurring within cells, each month. The big challenge is how you can get a validated study that needs at least 40000 patients? As predicted

Limiting budget of small contract-based laboratories, and speed of mutation, simultaneously, caused another mission impossible task for certain small research groups, world widely. Apparently, evidence-based data up to 2024 are showing that different COVID-19 variants could accelerate the excess mortality and morbidity rates, regardless of all ICU treatments, and -therapeutics. Different speculations revealed that might my invented death triangle machinery (Cancer-platelets- microorganisms) as previously described got a new angle affected by COVID-19 variants, which could "accelerate excess mortality and morbidity rates", astonishingly. On the contrary, the development of modern diseases i.e. long covid associated collateral damages are multifactorial processes, in which patients' tissue and cells gradually undergo deleterious damages through a progressive series of modifications. Recall, one indication of the multistep diseases development is that in, for example, most cancers patients develop different disorders later in their life, and the most excessive mortality of COVID-19 subjects were old patients, regardless of their gender (older than >60y). Successively, could be said that COVID-19 variants in certain obese, diabetes, cardiovascular, cancer patients are actively involved in an accelerated multifactorial processes toward an excess mortality and morbidity rate, based on ageing-related diseases and dysfunctions, although the exact mechanism is not validated yet. Separately, platelets-related mortality and morbidity rate in patients infected with COVID-19 variants (based on published data between 2019-2024) were not based on ageing-related and ageing-dependent processes, but rather more a consequence of different (un)known collateral damages from vaccines, therapeutics, anticoagulants, anti-platelets drugs (ab)use. Taken together, more in detail investigation needed to show whether my death triangle machinery introduced in 2018, indeed, works for new variants of COVID19, in these POSTCOVID-era. My research and Development team is ready for any kind of collaboration to unravel and help to prevent excess mortality and morbidity rates.

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Conflicts of interest

The author declares that there is no conflict of interest.

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