

# Post COVID-19 War era, hematologic and hemato-immunological updates needed to prevent accelerated death triangle machinery affecting excessive mortality rate

**Keywords:** Post COVID-19 era, Human, excessive mortality rate, diagnostic, accelerated disease complexity, death triangle machinery

## Editorial

In the last 5 years suddenly is a phenomenal excessive mortality rates did attract our scientific medical research team, which still no direct mechanism over the cause-effect relation could be explored.<sup>1-3</sup> Recently the Dutch Heart foundation institute via her homepage published a remarkable data, indicating that a significant excess in mortality rates of patients affected by cardiovascular diseases in the last 4-5 years, however ([www.hartstichting.nl](http://www.hartstichting.nl)). The sincere questions remain 1. What is known over the excessive mortality rates of patients in the last 100 years? And 2. What is unknown?

Add 1. The global mortality rates published in the different published literature are showing that the most important factors inducing excessive mortalities are for example 1. WARS and 2. Pandemic/ epidemic infectious diseases, either human-based synthetic or Natural-based causes, in the last Century. Compared to last Century, through the world, people are living longer, however. In 1900, the average life expectancy of a newborn was 32 years, by 2021, this had increased even more than doubled to 71 years (<https://ourworldindata.org/life-expectancy>). But where, when, how, and why has this dramatic change occurred? To understand it, we can look at data on life expectancy worldwide. The large reduction in child mortality has played an essential role in increasing life expectancy. But life expectancy has increased at all ages. Infants, children, adults, and the elderly are all less likely to die than in the past, and death is being delayed. The significant change are (in)direct consequences of improvements in Medicare and Medicaid, drugs availabilities, public health adjustments, and living families in better and more standards environments. Besides, many negative estimates of the 'limit' of life expectancy have been broken, because of abovementioned research and developments in the 21st Century. Having said that, sudden pandemic COVID-19 mutants attacks, caused more than 7- up to 30 million died, which could be measured as a surprising novel phenomenal mortality cause that still limited information is available to understand the exact mechanism of excessive mortality rate between 2019-2024, globally. Of course, the climate changes i.e. induced synthetic Floods, Earth quick, unexpected volcanic activities, forest fires etc. are another cause of (in) direct accelerator of excessive mortality, which are affecting Health and diseases (H&D) of human being, globally. As previously described, some climate changes did have positive and another negatively effects which have caused plants biology, significant agricultural changes, and (un) intentionally human beings' H&D, eventually. There are different disastrous collateral damages and side effects induced by climate change especially on

foods production and minerals availabilities, which play a pivotal role in H&D progressions, clinically.

Add 2. Different studies warning over the excessive mortality rates in the last 4-5 years but the exact mechanism remained not elucidated completely yet. Current diagnostic's and prognostic's biases are causing an undefined Medicare and Medicaid of the subjects affected from the cardiovascular and hemato-oncologic diseases, who are suffering from excessive mortality rates, according to recent epidemiological data statistics published in the last 4-5 years(2019-2024), globally. Successively, emerged a new kind of Complex and Modern-Mortal-Accelerated- Excessive Disease Progression (CMMMAEDP), in these postcovid-19 periods.

Reconsidering all kinds of potential collateral damages and side effects of 1. antibiotics' abuse 2. either synthetic chemical or herbal-based drugs' abuse 3. Rapidly manufactured mRNA vaccines' abuse could also play a pivotal role which their involvement causing accelerated excessive mortality rates in different patients i.e. cancer-, cardiovascular, and diabetic patients, are not elucidated yet, calamitously. On the other hand, vigorous side effects which (un) intentionally provoked concerns over 1. Why? How? Which synthetic biological drugs' abuse are generating CMMMAEDP are also very big concern for National Health Institutes, who stay behind abovementioned complexities in the H&Ds, globally.

In theory, the modern alternative mind-provoking aspects over either medical complex issues are underlying cause or pharmacotoxicologic side effects, and/or novel medical approaches needs extra attentions. Moreover, whether climate change (in)directly influencing selectively or by chance certain societies, (un)intentionally are also another unknown aspects. Simultaneously, increased errors in the old-fashioned laboratory basic prognostics & diagnostics could also affect excessive mortality, however. For example all kinds of

Volume 12 Issue 3 - 2024

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**Received:** June 21, 2024 | **Published:** August 14, 2024

hematologic, cardiovascular, cancerogenous laboratory diagnostics are following old-fashioned guidelines and standard procedures that in the last 4-5 years, postcovid-19 pandemic attacks and –periods failed to assess certain diagnosis and consecutively, caused a random Medicare and Medicaid between treating Physicians, globally. As reported by Dutch Heart Foundation Institute in 2024, consequences of all bias-based treatments caused significant increase in mortality rates, although all kinds of Artificial Intelligence (AI)-tools and software were progressively developed and being used in the last 4-5 years. Recall that the meaning of research and development is to prolong life expectancy, not to shorten it. Different observations, and case reports are showing that some of most complex-accelerated-excessive mortality rates are either caused by the COVID-19 variants-based or concomitant infectious-antigens, functioning as culturing medium or chaperones, in patients suffering from anemia, and thrombocytopenia/thrombosis, on the other hand. Whatever the main cause is, needs more in detail investigation, and appropriate funding to support certain random, double-blind studies, as soon as possible. Moreover, reported epidemiological studies are suggesting that recent diseases' developments are more toward generating CMMAEDP, incommunicable complex clinical indications than previously reported classical indicators of certain known diseases.

Consecutively routine treatment's plan cannot be planned timely inclusive suitable pharmacologic methodologies, fittingly and timely. On the other hand, continue failure of an appropriate pro-/ diagnostic, and (un)intentional drugs abuse create a multifaceted-multidisciplinary CMMAEDP circumstances, which still the exact mechanism of collateral damages are not elucidated entirely. Now, it is important to (re)consider all actions needed over getting advanced insight and a special "out-of-box-thinking" approaches, before it becomes too late. In these postcovid-19 periods almost all old-fashioned prognostics and diagnostics are not applicably working, causing an unintentional excessive mortality rate, however. Moreover, there are still certain (un)known cancerogenic-accelerated-processes' which are playing different pivotal roles in subjects, causing irreversible mortal injuries, which are being reported, but limited study groups study them, independently. In the last 4 years of postcovid-19 pandemic attacks periods, remarkably such episodes i.e. excessive mortality and morbidity rates became "an accepted routine and acceptable fact. There are different viewpoints about recent excessive-accelerated-pathologic-unknown-mortal processes, and there are of course some hypothesis over potential role of the COVID-19 variants- and their associated accelerating-multifunctional-chaperones, that in practice affecting/ provoking strange signal transductions and disorders progressing in certain cases, with(out) classical disease indications, causing increased deadly signal transduction and proteins dysfunction/ disorders.

Also, for example is reported that certain obese subjects produce additional quantities of estrogen, in excessive manner, which have been associated with increased risks of breast cancers episodes, in the last years.<sup>1-5</sup> It could be of course a simple observation, but such case reports have significant impact on cancerogenic- infectious-based-accelerated processes. Different angles and patho-physiologic insights are significantly affected, which could not be ignored. Based on recent

studies and assumptions that are published over the development of modern diseases like longcovid-associated neuromuscular diseases, and collateral damages could be speculated that the Medici could be confronted with multifactorial clinical processes, in which patients' tissue and cells progressively suffering from unknown harmful injuries, randomly. One indication of the multistep/ multifactorial pathophysiologic induction is for example the most cancer's patients who are developing different random disorders later in their life, got a kind of additive direct influence of COVID-19 infection, especially when they become older than 60 years, regardless of their gender, in these postcovid-19 periods.

In turn, could be said that COVID-19 variants in certain cardiovascular and cancer patients,<sup>1,2</sup> who get directly involved in such accelerated multifactorial processes toward an excessive and accelerated mortality rates, could be based on their complex ageing-related immunogenic failures, although the exact mechanism is not elucidated yet.

The take-home message is that (re)considering new developments over unique generated CMMAEDP might help prevent excessive mortalities, under condition that all studies based on scientific-based goals and approaches. To unravel how and why random individuals being completely subjected with novel imminent diseases and associated accelerated carcinogenic processes, Basic researches need to collaborate with clinicians. Whether pharmacotoxicologic interventions play a pivotal role in excessive mortality rate is also not elucidated yet.

## Acknowledgments

None.

## Conflicts of interest

The author declares that there is no conflict of interest.

## Funding

None.

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