

POSTCOVID-19WAR Era, Interaction between Cancer-Hematologic Disorders- Diabetes Significantly Increased by COVID-19 Variants, Aggressively

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Editorial

Understanding the mechanism of bidirectional interaction between different angles of the death triangle is a lifesaving novel idea that I invented in 2018. Platelet hyperactivity and dysfunction in diabetes and cancer patients were already known facts [1,2] but whether different COVID-19 variants could activate and/or accelerate death triangle machinery? And/or different diabetic and cancerogenic processes (DCP) can initiate susceptibility to getting infected? And/or being a cultural medium to interact synergistically with each other is not entirely elucidated yet [1-4]. Three aspects of the abovementioned interactions are fundamental 1. Know-how aspect 2. Fatal consequences aspect, and 3. Science-fact against Science-fiction developments in the last three years-aspect.

What do we know? The main causes of increased mortality and morbidity in and/or out of hospitals in the last years are accelerated by COVID-19 variants in cancer and diabetic patients, remarkably (data in processing and not shown yet).

Recall, on one hand; a sudden and significant decrease in direct COVID-19 morbidity and mortality rate, was an amazing progression, without generally accepted main causes, without any obvious reason to indicate, pointedly was reported last year, globally. While the striking issue is remaining that no golden standard for Medicare & Medicaid and/or any accepted approaches applied to prevent COVID-19 novel variant proliferation and mutation. On the other hand, still so many patients contracted being infected with old and new

variants, which both aspects are indicating that there still is no orchestrated central management system concerning new drugs and vaccines, eventually.

However, in the 21st Century, through Genetic mutations, and viral interventions, some investigators, try to find cures for very rare diseases (1 in 50-100 million ratio worldwide) while viral interaction and mutation resulted in the disastrous collateral damage of COVID-19 some death rate between 7- 10 million people, globally (1 to 8000 ratio).

God's work is tried to take over but suddenly disastrous transformations formed COVID-19 pandemic risks, a very dangerous disorder that we are still living with now. Increased fear of death, restriction of movement, and lack of access to daily activities during lockdowns forced by governments added to blockings and aggression, globally. For most subjected to pandemic-associated orders, the home was a place of safety, but for those who are being abused they could not escape from their abusers, however [1].

What we know is that Science-based works are mutated in producing new biological drugs and vaccines which are rather based on economically based goals, trying with hasty time-based (political) pressure- violations (and a bit of charlatanism-based abuse) to initiate specific and sensitive errors, concerning preventive -prophylactic Science application instead of curative and vice versa. Recall limited people know and the rest, globally, we do not know what has occurred/ happened after the pandemic attacks in 2019 and still now, postCOVID-19 era.

Matta 2020 postulated that the impact during and post-COVID-19 outbreak can only be checked by communication for inventiveness in scientific temperament with social behavior change, and consideration of available practical information internationally [4]. 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].

This paper is intended to highlight more about "how these angels affect DCP and each other's, postCOVID-19 era. Science-based (applied-) curative' solutions have shown their value in the last millennium i.e. how they significantly decreased aging-related diseases, and globally showed remarkable changes toward preventive approaches (producing valuable vaccines in the last 70 years). Though using vaccines as "Medicines" now provocatively initiated discussions, resistance, and at least but not last controversial results between study groups, globally.

Of course, the Science-based approaches are in everybody's interest now, while unanswered questions are being partially answered by commercially funded-based fellows. Almost all critical science-based solution's providers were limited, by declining their resources. Consequently, their funds are focused to such an extent that they were obliged to cover up their novel idea to use certain ingredients. Now one is observing more rather authoritarian-like applications being functional daily-based routines in the last 3 years. Just because there was no time for investigation and not enough money for 10 years of validated studies.

What we don't know is still how the abovementioned interactions are in one direction or in two directions, influencing each other. Moreover, how economy-based tactics took over Science-based solutions, is still matter of debate. Hypothetically might because of time pressure(-violation) and/or some organizations (un-)intentionally "put (violating) pressure" by using debased rules [3], causing humanity for more controversial problems, unpredictable collateral damages, which all processes seems to be (on-)traceable. But from the beginning, our group initiated a systematic highlights and different warnings i.e. called these pandemic attack as a WAR characteristics [4-6] and thereby death triangles processes however, were accelerated by wrong and bias-based (re-)action. Moreover, One observing that might also violating individual laws and human rights for health, by producers, however [3].

In the postCOVID-19 era one is observing also the different "ICT-system with restricted capacity" are working based on a differentiated level of risk classification. Accordingly, such restrictions directly causing misplaced important (detail) information, which are crucial for research, take a wrong turn. A kind of censorship. To get what a Researcher is needing to unravel what happened in the last decade, a researcher needs correct and original data, which can investigate and process it in a significant goal-oriented solutions. A(n) (un-)predicted increase of pandemic attacks with – or without new-/novel

variants are causing different violation against Research and Development teams, with limited budgets, globally. Moreover, the newly emerging parties' joint venture and lobbies are forming between pharmaceutical companies, who are trying to show that "because of their joint venture" all new products that are introduced in the market, are okay. Simultaneously, all science-based facts data are showing different studies needed, inclusive more than 45,000 test samples should be validated at least for 7-10 years, to warranty an integer validated and developed (medical) product, from phase zero up to final product.

In the last 4 years, I invented death triangle machinery with different angles based on stereotype interaction between cancerogenic process-platelets- microorganisms mutations before, during, and after getting a cancer diagnosis [1,2]. Our study group unraveled that there are different correlations between COVID-19 variants, used drugs, and accelerated cancerogenic morbidity and mortality rate (data not shown). Moreover, the potential interaction between blood cells (fluid and massive tissue- based cells) and the (unknown) COVID-19 variants (air respiratory-based viruses) were also studied based on published data, worldwide. Still remains a sincere question about how an air-based virus could mutate into a fluid-massive tissue virus and remain there. Do we look at the wrong picture?

Whether COVID-19 variants could mutate themselves by using injected vaccines? And/or used (a-)specific drugs, eventually? Or hypothetically combination of chronic drugs (ab-)use in combination with cancerogenic processes, got enough fuel to proliferate and update into new and novel unstoppable variants? is not completely elucidated.

What we learned from the last 3 years pandemic was that none of the abovementioned questions, were appropriately answered, bizarrely. Whether now is too late to start investigations to learn about viruses, and their ability to mutate in any kind of creatures, which become immortal and/or uncontrollable? How many tests are needed to get validated results, after 10 years? also are not known topics.

We are still (March 2023) missing some links that could help us offer the best medical consultative services in the 21st Century, 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.

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