

POSTCOVID-19 WAR Era, Abnormally Some Patients being Affected by Exceptional Disease Progression, and Accelerated Excessive Mortality Rate

Bahram Alamdary Badlou^{1,*}

¹Department of Research and Development, BBAdvies and Research, 3706XA, Zeist, The Netherlands

*Correspondence should be addressed to Bahram Alamdary Badlou, bbadlou@casema.nl

Received date: March 30, 2024, **Accepted date:** April 01, 2024

Citation: Badlou BA. POSTCOVID-19 WAR Era, Abnormally Some Patients being Affected by Exceptional Disease Progression, and Accelerated Excessive Mortality Rate. Arch Pharmacol Ther. 2024;6(1):24-26.

Copyright: © 2024 Badlou BA. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Keywords: POSTCOVID-19 era, Human, Excessive mortality rate, Diagnostic, Accelerated disease complexity, Ageing-related diseases, Death triangle machinery

Editorial

From 2019, POSTCOVID-19 pandemic attacks, human beings were under pandemic-attacked condition that caused by different industrial modern diseases, and being confronted with unusual disease progression, which increased abnormal excess mortality and morbidity rates. The exact mechanism of action is not completely elucidated yet. What is (un)known? Recently in Nature news of December 2023, appeared a news about more than 10,000 bias-based papers, and fake manuscripts were retracted from the Nature, the Lancet, and the Science Journals in the last 4 years. This is a significant disastrous news for Science-based research studies, which proposed very understated and underestimated juristically and fact-based aspects, about organized crime in Science. Having said that, reconsideration of prognostic and diagnostic of new and modern diseases, is prerequisite demand of patients suffering from current bias-based chaotic diagnostics and their plan over Medicare and Medicaid of certain disease' progression i.e. long-COVID patients. Here is talking about 500 to 900 billion win-loss aspect between producers of fake news and papers against patients, and ordinary taxpayers, who are paying all costs, eventually.

Besides, the reported rare case reports were important unique description of certain disease' progression based on/ depending on the AI-bias-based pro- /and diagnostics, remarkably. Which aspects still remained unknown hypothetically is detecting and localization aspect of certain

“organized-crime organizations”, who manufacture valuable information over certain aspect of Inter-(National) Health and disease authorities, guidelines, approvals, and associated either main policymakers or the Lawmakers i.e. approval of anti-COVID-19 drugs and vaccines.

Moreover current (dis)approval of long-COVID patients affected with (un)known diseases, getting (un)defined Medicare and Medicaid. Additionally, all kinds of potential collateral damages were observed i.e. excessive mortality rates in cancer-, cardiovascular-, and diabetic patients that have been already reported, since 2021.

On the other hand, vigorous side effects which (un)intentionally provoke a rapid response to increasing concerns over 1. Which drugs?, 2. Which vaccines? and 3. Which organization is (in)dependent and reliable now? whether they are generating new business model system for organizations with economic-based goals.

Hypothetically, the modern alternative mind-provoking aspects over either medical issues, pharmacotoxicologic side effects, and/or novel medical approaches needs attention, requisites appropriate funding, supported by (inter)national Governments and Societies.

Different observations, and case reports are showing that some of most complex, accelerated, excessive morbidity and mortality rates are either “COVID-19 variants-based” or concomitant infectious-antigens, functioning as culturing medium or chaperones. Whatever it causes is, needs more in detail investigation, and appropriate funding to support certain random, double-blind studies, as soon as possible.

In this POSTCOVID-19 WAR era (2024), some unique survival episode in COVID-19 infected patients compared to already 7-30 million died previously, could be remarked as certain phenomenal clue of an achievement, against both (un) known disease progression and/or (un)known vaccine-based approaches, which might open novel mind-provoking pathways, however. Subsequently, global medical society is challenged with still certain (un)known patients and their symptoms i.e. long-COVID patients, who are suffering from “a kind of not standard- based” neuromuscular disorder getting standard routine Medicare and Medicaid, which routine treatments cannot help them to return to their previous healthy life, and their routine activities, nevertheless.

Besides, one is observing new disease developments toward more complex clinical indications than classical symptoms of certain known diseases, i.e. accelerated cancerogenic processes, which could not be routinely and timely diagnosed. Consecutively routine treatment’s plan cannot plan timely inclusive pharmacologic approaches get bias-based suggestions. Subsequently, cancer patients with certain complications undergo accelerated cancerogenic processing and development, which hypothetically can (un) intentionally result in their excessive mortality rates toward a survival less than a year. On the other hand, continue failure of an appropriate diagnostic, drugs abuse creates a multifaceted multidisciplinary (re-)action of Medici, eventually. Now a days, is significant (re)consideration needed over getting advanced insight and a special “out-of-box-thinking’ attitudes, before is too late? Old-fashion prognostics and diagnostics do not work, applicably.

Previously it described how different microorganisms might accelerate certain aspects of excess mortality and morbidity rate among (chronic) cancer patients, in this POSTCOVID-19 era. Simultaneously, different Elite research study groups have tried to describe new transformations in medical sciences, (un) intentionally by creating false data presentations that 10,000 of them were retracted (Nature news Dec-2023), fortunately.

Moreover, there are still certain (un)known cancerogenic-accelerated-processes’ role in different patients that are causing diverse (collateral) damages, and side effects pre- and post-treatments, which were also neither being reported, nor were reported properly to establish and study them, independently. A kind of abnormal clinical reports with broken/ atypical data that were showed as an excessive in-Hospital death(cause) statistics, over certain subjects that nobody can use that data as a study material (unpublished data).

In an extremely short time situation in ICUs, severe disease progression and complications resulted in sudden death. Remarkably, in the last 4 years of POSTCOVID-19 pandemic attacks, become such episodes “an accepted routine and acceptable fact”, bizarrely. There are different viewpoints about recent excessive, accelerated, pathologic, unknown, mortal processes, and some hypothesis over potential role

of the COVID-19 variants, and their associated accelerating multifunctional chaperones, that hypothetically affecting/ provoking strange signal transductions and disorders progression in certain cases, with(out) classical disease indications.

Besides, for example, it 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 few years [5-7]. 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, in the long run. Based on these kinds of changes, the modern clinical diagnostic testing, risk stratification, and research studies toward development of therapeutics in hospitalized subjects, might be reconsidered radically [3-7].

A considerable concern is modification of medical sciences using human-made-AI-based data processing and management of certain diagnostic changes, potentially can cause a new metamorphosis of pro- and diagnostics tools. The AI-related rapid processing of data can work as a double-edged knife (un)intentionally cutting fact-based processes, however. The old versus new treatment plans and approaches will significantly get bipolar approaches, which can promote/ prevent/induce/reduce/remove certain therapeutic plans, in the near future. Subsequently, such changes might accelerate/prevent excessive mortality and morbidity rates, in an intensely (un-)identified manner, in these cloudy, uncertain POSTCOVID19-WAR era.

It is noteworthy that as a result of certain choices in pro- and diagnostics either offline or online, certain infectious diseases go further to produce more complex-modern hemato-immunologic warning sign, in combination with(out) COVID-19 mutants, which might cause an unknown clinical indication, identical as occurring in the long-COVID patients. Consequently, certain long-COVID patients, who have no standard treatments, drugs, Medicare, Medicaid, and even without basic guidelines should follow a confusing new treatment plan that could not be recognized by anybody especially their insurance companies.

Based on recent studies and assumptions that are published over the development of modern diseases like long-COVID-associated neuromuscular diseases, collateral damages could be speculated that General Practitioners (GPs) could be confronted with multifactorial clinical processes, in which patients’ tissue and cells progressively suffer harmful injuries, from side-to-side rapid advanced sequence of modifications in their systemic blood circulation, and signal transductions, randomly.

One indication of the multistep disease development is that in, for example, most cancers 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 turn, it could be said that COVID-19 variants in certain obese, diabetes, cardiovascular, and cancer patients get (in) directly involved in such accelerated multifactorial processes toward an excessive and accelerated mortality and morbidity rates, based on their ageing-related immunogenic failures, although the exact mechanism is not elucidated yet. The take-home message is that considering new developments over long-COVID patients, underestimation of clinical modern symptoms might cause significant evolution/ revolution in near future investigations, which are needed to unravel how and why random individuals being completely subjected with novel imminent diseases and associated accelerated carcinogenic processes. Whether pharmacotoxicologic interventions play a pivotal role—yes or no?

References

1. Badlou BA, Najafpour H. Management of platelets in a Persian girl with the tetralogy pentalogy of Fallot: A Case Report Study. *J Intern Med Emerg Res.* 2020;1(1):1-10.
2. Badlou BA, Najafpour H. Management of Persian Woman with Chronic Headache for 30 years: A Case Report Study. *J Intern Med Emerg Res.* 2021;2(2):1-8.
3. Badlou BA. POSTCOVID-19WAR Era, Interaction between cancer-hematologic disorders- diabetes significantly increased by COVID-19 variants, aggressively. *Arch Pharmacol Ther.* 2023;5(1):8-10
4. Badlou BA. POSTCOVID-19WAR era, reconsideration of enhanced mortality and morbidity. *Hematol Transfus Int.* 2023;11(3):91-2.
5. Fittall M, Liu J, Platt J, Ionescu M, Sheehan R, Johal S, et al. The National COVID Cancer Antibody Survey: a hyper-accelerated study proof of principle for cancer research. *Br J Cancer.* 2023;128:1977-80.
6. Foresta C, Rocca MS, Di Nisio A. Gender susceptibility to COVID-19: a review of the putative role of sex hormones and X chromosome. *J Endocrinol Invest.* 2021 May;44(5):951-6.
7. Cancer.gov. Obesity and Cancer. Fact sheet 2023. <https://www.cancer.gov/about-cancer/causes-prevention/risk/obesity/obesity-fact-sheet>