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Post COVID-19 War Era, Overall Updates and Upgrades Needed to Protect Patients Against Unpredictable Disease's Progression

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Editorial

In these post-COVID-19 periods, overall updates and upgrades are needed to protect patients against unpredictable disease progression, radically. (Re)Consideration of guidelines, standard operating procedures (SOPs), all kinds of old-fashioned model systems, and mechanisms between different angles of the death triangle could play a pivotal role as a lifesaving novel idea [1-11], sooner or later. Different fact-based data processed and presented by respectful organizations worldwide indicate that excessive increased morbidity and mortality rates are indisputable facts. The sincere questions remain Why? When? How does such acceleration of disease progression take place? What is known? And what is unknown yet could be elucidated, eventually.

There are unlimited aspects to discuss, in which health and diseases (H&Ds) have separately or combined being affected by certain infectious Antigens, Immunogens, and Allergens (AIAs) in the last 4-5 years, post COVID-19 pandemic periods. In this paper has tried that limiting focus on some important aspects, based on fact-based basic and clinical researches, either published or not yet published data.

During COVID-19 pandemic attacks, one of the main changes that (un)intentionally did succeed in mutating infected patients' hemostasis was inducing/targeting certain cellular interactions, randomly between blood cells Platelets-RBCs-WBCs (PRWs) in different chronic patients diabetes, cardiovascular, and cancer patients. In the last 4 years, how the COVID-19 variants could succeed in accelerating excessive mortality rates among the abovementioned chronic patients has been not elucidated completely [1-5].

What is Known?

There are more than a million papers published over the PRWs that are interacting in Thrombosis and Haemostasis (T&H) during the H&Ds' progression. Besides, there are different bias- based assumptions and old-fashioned guidelines, which are/were (un)intentionally causing a significant increase in bias-based pro- and diagnostics, and a significant increase in AIAs; subsequently affecting mortality and morbidity rates in-Hospitals, consequently.

The ABC of the most important causes, which are affecting an increased risk of excessive mortality rate are

A. Patients, who are not trained to represent every aspect of their own either T&H or H&Ds' progression, because of lack of know-how and uncomprehensive communications between ordinary people and medical scientific world, however;

B. General Practitioners (GPs), Doctors with their bias-based random analysis and treatments; and

C. Pharmacists and drugs manufacturers, who without the possibility to visit patients, have any idea over patients' bioavailability index, and personalized medicine dossier, are producing unknown drugs- vaccines to initiate recovery processes, with all kinds of either collateral damages or pharmacotoxicologic side effects.

D. All three causes simultaneously (A+B+C) could also induce bias-based (re)actions, however.

What? Why? How? When? Where? Who? Main Cause-Effects Reconsideration

There are unlimited aspects to discuss, but whatever the main initiator(s) of the COVID-19 pandemic attack was(were)/is (are), now patients globally need convinced attention from the Medical science specialists/authorities to protect them i.e. The United States Food and Drug Administration (FDA), the Centers for Disease Control and Prevention (CDC), and the National Institutes of Health (NIHs) both nationally and internationally on the one hand.

On the other hand, patients are expected to be treated on fact-based and not fictive AI-based tools i.e. however in the developed countries with a functioning vital registration system, an excessively -increased mortality and morbidity rates even have not registered/processed, appropriately i.e. for example the cause of death, partial empty death certificates, natural death as main death certificate given, and more than 200 (bias-based) indications registered as long COVID disease(s) [1-11]. Subsequently, someone's death (certificate) may be registered without a cause, with natural death as main cause etcetera, which nobody can trace for certain cause-effect investigation; a kind of cover-up behavior, (un)intentionally.

To investigate questions and find some solutions, our research team, since 2018 have been busy with offering updated/upgraded Medicare & Medicaid to our patients, globally either online or offline. On the one hand, human-based errors as mentioned above have caused excessively increased morbidity and mortality rates, since 2020. On the other hand, the uncontrolled manufacturing of either biologic or synthetic mutants uncontrollably rapidly causes significant decay/delay in finding scientific solutions, with limited research projects' budgets, simultaneously.

In the 21st century, phenomenal *in vitro* synthetic AIAs manufacturing is becoming a kind of booming business with(out) the AI-based- accelerated tools, catastrophically. Producing noxious AIAs using modern medical engineering is confronting frequently patients' Medicare and Medicaid, persistently. Besides, pharmacists without having AIAs chemical formula cannot produce specific-sensitive-valid drugs/vaccines, eventually. It is noteworthy that the most recent vaccines manufactured in the last 3-4 years were based on guessing and estimation, rather than science-based calculations, post-COVID-19 pandemic attacks.

Recall that because of human-based-synthetic-induced COVID-19 pandemic attacks, more than 30 million subjects died, and more than 65 million are suffering from long COVID collateral damages, since *in vitro* manufactured AIAs propagated between nations, without any contra-medicine and specific vaccines, intentionally.

Some scientists argue that such attacks were used as biological weapons against certain groups, randomly but others are supporting the idea that such pandemic attacks were just an accident against human beings, phenomenally. Recently different statistical data have been presented online that show significantly increased mortality rates between cardiovascular (www.hartstichting.nl statistic data 2023) and cancer patients (www.ourworldindata.org/ Cancer mortality rate comparison in last 20 years), in the last 4-5 years, post COVID-19 era.

It is abnormal that more than 65 million patients have suddenly suffered from 200 symptoms of long COVID-19 clinical/pathophysiological side effects/collateral damages, since 2020. How such an excessive morbidity rate is phenomenally increased is still not elucidated yet. Hypothetically, the healthy subjects got infected with COVID-19 variants with(out) vaccine injection and developed phenomenally a series of long COVID symptoms that nobody has a direct declaration for. The aforementioned action mechanism, the ABCD errors, and certain potential excessive mortality and morbidity causes are officially recognized that could play a pivotal role in triggering T&H disorders in the last 4-5 years, however [1-11].

Compared to 20 years ago, there is no doubt that all kinds of mistakes, cover-ups, and fake news in Medicare and Medicaid also played a certain role in the last 4-5 years. Moreover, reconsidering this fact that more than 10000 Lancet, Nature, and Scientific reports paper of Elite Universities, and certain organizations were retracted, indicating that the ABCs of errors were/are indeed main cause(s) which did aggravate excessive morbidity and mortality rates, both combined or separately initiated by COVID-19 mutants' interventions, disastrously [1-5].

Different explanations published over potential hazardous side effects and collateral damages for certain chronic patients, who are using certain drugs and simultaneously, are suffering from COVID-19 mutants' infections. A quick analysis of PubMed published studies revealed that 99% have no idea how we get here, globally. More than 200 clinical indications have been described up to 2024, which generally have described speculative symptoms of the suffering subjects, with long COVID burden, which 99% of the reported data have described general assumptions and descriptions. Besides, the majority of reported data did not refer to the exact mechanism of action completely i.e. headaches, mental health issues, loss of smell or taste, muscle weakness, fever, and cognitive dysfunction [4-11].

Recall that some symptoms often get worse after mental or physical effort, a process called post- exertional malaise [5]. Obviously, there is a profound overlap in symptoms with myalgic encephalomyelitis/chronic fatigue syndrome [1], although a direct cause-effect pathologic mechanism is not yet fully elucidated yet. There are no golden standard SOPs yet up to Augustus 2024. While 65 million reported long COVID patients are estimated, 50–70% of them are either in hospice or hospitalized, though 10–30% of them are non-hospitalized [1,2].

One is observing different bias-based errors are rising because of rapid changes in the Pro- and Diagnostics methods. Moreover, the sincere question remains 'How long do COVID subjects/patients get long COVID clinical indications? There are limited standard SOPs/guidelines for doing an appropriate diagnostics assessment against manufactured AIAs from 2020. From now on, the unknown AIAs are becoming remarkably a business tool for Economic-based Pharmacists, scientists, and their associated investment companies collaborating with 1% Elite rich people to produce unusually unknown drugs and vaccines. Besides, nobody can discuss the proof-of-principle of novel drugs/vaccines. Additionally, speculatively there are different unknown predictable, and unpredictable model systems to investigate how/why/when/what [1-8] but still none of them could protect ordinary people against rapid End- /Epi-/ and Pandemic attacks, however.

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