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Post-COVID-19 War Era, Remarkable Highlights 2025 Concerning Both Preventive and Curative Medicines

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Editorial

Series of updates and upgrades can help scientific communities stay current with new research and developments in modern diseases' prevention/treatment planning, especially during these post-COVID-19 war periods with more than 65 million long COVID patients (2025). For over two millennia, medical consultative services and (co)related preventive & curative medicine have supported human survival against various pathological causes, with certain (un)known factors capable of inducing effects in a bidirectional manner, which I have called the "death triangle machinery", since 2018 (Cancer-Platelets- Microorganisms, so-called CPM). This model system aims to predict certain correlations between cancerogenic-hematologic-infection-based processes that can directly increase mortality rates, as described by Badlou *et al.* 2018–2025, especially focusing on blood platelets triple A's disorders [1,2]. Recent data from pre- and post-COVID-19 pandemic attacks [1–12] show that missing links and certain know-how caused many deaths due to diagnostic errors. Surprisingly, all kinds of Artificial Intelligence (AI) software and related Modern "Curative" Medical Studies and Approaches (MCMSA), both Preventive and Curative Approaches (PACAs) have failed to protect human beings during the recent pandemic attacks, implicating that PACAs have failed and need updates, eventually.

What is (Un)Known?

In these post-COVID-19 war periods, curative medicine and associated drugs have often failed due to a lack of specificity and overall ineffectiveness. Consequently, more than 7 to 30 million healthy and chronic patients died from COVID-19 pandemic attacks (microorganisms' angle of death triangle machinery), and over 65 to 650 million long COVID sufferers emerged due to various bidirectional interventions between CMPs, either as direct causes or subsequent side effects and collateral damage, (un)intentionally [1–7].

A brief review of Modern "Preventive" Medicine Studies and Approaches (MPMSA) between 2019 to 2025 revealed disastrous data & results. Mass vaccination has been associated with various adverse effects related to genetically based vaccines, primarily affecting the circulatory and cardiovascular systems. Angiotensin-converting enzyme 2 (ACE2) is a membrane-bound protein expressed on multiple cell types, including the mucosa of the upper respiratory and gastrointestinal tracts, endothelium, platelets, as well as in soluble form in plasma. The ACE2 enzyme converts vasoconstrictor angiotensin II into peptides with vasodilator properties [4]. All kinds of MPMSA technologies failed to Monitor-Prognose-Diagnose- and Apply Uniform One-Size-Fit-All Medicare Appropriately (MPDUOSFAMA), in the last 4-5 years. Besides, the continued rise in the number of long COVID patients with more than 200 clinical indications caused all kinds of confusions between Medics and Paramedics to plan MPDUOSFAMA of chronic and acute patients suffering from the same indications i.e., cardiovascular, and Neuromuscular diseases (ALS, MS), or cancerogenic affected patients, and beyond [1–9].

Although MPMSA as a preventive medicine in 2025 is evolving rapidly, integrating cutting-edge technologies and personalized approaches to enhance health outcomes. Though, repeated failures of both MCMSA and MPMSA have profoundly caused Accelerated Excessive Mortality and Morbidity Rates (AEMMRs), since 2020 according to the UN, the WHO, the Ourworldindata.int, and the Dutch Heart Foundation data statistics, worldwide [5–9].

Besides, some key trends and innovations shaping the field of MPMSA could be used as modern approaches in these post-COVID-19 WAR periods. For example, revising various Artificial Intelligence (AI) tools used in preventive care to address AI-driven, bias-based diagnostics and improve their predictive analytics could potentially revolutionize healthcare. AI-tools might enable real-time health monitoring and personalized preventive strategies, but their bias-based data processing poses a significant risk to effective, personalized MPDUOSFAMA. Simultaneously arbitrary groups are using updated Genomics-Based Preventive approaches and new algorithms to build a platform for genomic sequencing. These platforms enable tailored healthcare plans based on an individual's genetic predispositions, allowing for early screenings and targeted, prophylactic interventions. Furthermore, by using Digital Health Platforms, some are integrating wearable devices and mobile apps to provide continuous health monitoring, offering actionable insights to optimize preventive care. Moreover, as AI and digital health technologies expand, ethical and regulatory considerations are being revisited to address concerns around data privacy, algorithmic bias, and equitable access—ensuring inclusivity in healthcare. As previously described, the "death triangle" machinery concept presents an interconnected mechanism that has led to a better understanding of the increased AEMMRs observed in various patients. Exploring and highlighting how high-risk factors, such as CPMs, contribute to severe health deterioration has become a first-line priority, remarkably. On the other hand, the use of appropriate medical consultative services and preventive or curative medicines, in this context, brings attention to key considerations for future novel research and development.

The key takeaway is the importance of early detection and prevention—regular health screenings and proactive medical consultations can identify risk factors before they progress into severe conditions. Holistic treatment approaches that combine conventional medicine with alternative therapies may offer a more comprehensive strategy for addressing complex and emerging diseases. Moreover, focusing on personalized medicine—tailoring treatments to genetic, environmental, and lifestyle factors—can significantly improve patient outcomes, eventually. Supporting the immune system through proper nutrition, regular exercise, and stress management can further help mitigate both known and unknown biological risks associated with infections and chronic diseases.

Having said that, interdisciplinary collaboration—engaging specialists from various medical fields—ensures a well-rounded approach to patient care. In the post–COVID-19 period, the prophylactic addition of new antibiotics and antiviral drugs targeting COVID-19 variants to blood bags may be worth considering.

However, over the last 4–5 years, modern curative medicine (MCM) has repeatedly failed to adequately plan and implement MPDUOSFAMA, quality management system, quality assurance, and quality control (re)actions, remarkably. Similarly, MPMSA as a preventive measure has failed too. There is an immediate need for globally standardized research to guide the planning and implementation of MPDUOSFAMA. Otherwise, the next generation will be left with the nearly impossible task of planning MPDUOSFAMA.

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