

Post COVID-19 War era, Overall updates and upgrades needed to protect Patients against Unpredictable Disease's Progression

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Abstract

In these post-COVID-19 periods, overall updates and upgrades are needed to protect patients suffering from acute or chronic cardiovascular diseases, against (un)predictable infectious agents affecting systemic blood circulation.

Keywords: cardiac tumors; cardiovascular diseases; coronary flow

Introduction

In these post-COVID-19 periods, overall updates and upgrades are needed to protect patients suffering from acute or chronic cardiovascular diseases, against (un)predictable infectious agents affecting systemic blood circulation.

There are (un)limited aspects to discuss, in which health and diseases(H&Ds) have separately, or combined been affected by certain infectious Antigens, Immunogens, and Allergens (AIAs) in the last 4-5 years. This paper focuses on some important aspects, based on available fact-based basic and clinical research, either published or not completely published data yet.

(Re)Consideration of guidelines, standard operating procedures (SOPs), all kinds of old-fashioned Cardiologic model systems, and mechanisms, which could play a pivotal role as a lifesaving novel idea, will be highlighted. Different Hematologic and Cardiologic available data, presented by respected organizations worldwide indicate excessively increased morbidity and mortality rates, among Cardiovascular and Cancer patients that now become an indisputable fact, eventually. (1-11)

The sincere questions remain Why? When? How does such acceleration of disease progression take place, in the last 4-5 years, especially? What is known? And what is unknown that could be (re)considered, at the end of the day.

During the 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)

There are more than a million papers published on the PRWs that interact 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, that are affecting an increased risk of excessive mortality rate are as follows:

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 drug 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. Besides, (D) All three causes simultaneously(A+B+C) could also induce (re)action mechanism, on the other hand.

Main cause-effects mechanisms (re)consideration

However, and whatever the main initiator(s) of the (Post) COVID-19 pandemic attack was(were) is (are), now different chronic patients, need convinced attention on the one hand, from the Medical Science specialists/authorities to protect them globally i.e. the FDA, the CDC, and the NIHs both nationally and internationally.

On the other hand, patients are expected to be treated on fact-based and not fictive AI-based tools predictions, and Biotechnological prognostics in the developed countries. Moreover, all functioning registration systems should work appropriately and do their job during entering data, as agreed for example the main cause of death registrations between cardiovascular affected patients, and not partially let important sections empty on the death certificates, or bias-basely mention “natural death” as the main death cause on the certificate given.

Besides, more than 200 (bias-based) indications registered as long covid disease(s), between (not) cardiovascularly affected patients.(1-11) Subsequently, published data processed bias-basely, concerning morbidity and mortality rates, and circle of bias-based data processing and given death certificates making a mission impossible for Researchers to find out what the exact mechanism of death receptors activation was, in certain patient(s), eventually. Simultaneously, may be death certificates registered without a cause, or with short notice “Natural death” as the main cause, is the most routine work, and nobody asks questions and traced for certain cause-effect investigations, in the last 4-5 years. What has been occurred look-a-like a kind of cover-up behavior, (un)intentionally, which made R&Ds over the direct cause-effect of accelerated mortality rates between cardiovascular and cancer patients, almost impossible.

To investigate relevant questions and find some scientific-based solutions, my research team and I, since 2018 have been busy with offering an updated/upgraded Medicare & Medicaid to our patients, globally either online or offline.(3,4,10)

On the one hand, human-based errors (un)intentionally, as mentioned above have caused excessively increased morbidity and mortality rates, however. On the other hand, the uncontrolled manufacturing of either biologic or synthetic mutant manufacturing synthetic Antigens, Immunogens, and Allergens (sAIAs) uncontrollably and rapidly causes significant decay/delay in investigation and finding scientific solutions. Moreover, limited research projects’ budgets, and restricted governmental (re)actions, simultaneously, caused a significant delay in discovery Sciences, in these POST COVID-19 periods.

In the 21st Century, phenomenal sAIAs engineering is becoming a kind of booming business, with(out) supportive help of the Artificial Inelegance (AI)-based-accelerated tools, catastrophically.(5,10) Intentional producing noxious sAIAs using modern medical engineering is confronting frequently cardiovascular 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 decade were based on guessing and estimation, rather than science-based calculations, especially during and after COVID-19 pandemic attacks. Recall that because of human-based-synthetic-induced COVID-19 pandemic attacks, more than 7 (estimated up to 30) million subjects died, and more than 65 (estimated up to 650) million are still suffering from long covid collateral damages (<November 2024).

Some Scientists argue that such infectious pandemic attacks might be used as biological weapons (development) against certain groups, randomly. Simultaneously, others are supporting the idea that such pandemic attacks were just “Lab-leaked-accident”, phenomenally. Recently different statistical data have been presented online that show significantly increased mortality rates between cardiovascular(www.hartstichting.nl statistic data2023) and cancer patients (www.ourworldindata.org/ Cancer mortality rate comparison in last 20 years), in the last 4-5 years. One is observing that

it is abnormal that more than 65(up to 650) million patients have suddenly suffered from 200 symptoms of long covid side effects/ collateral damages. How such accelerated- -excessive morbidity rate is increased, is still not completely elucidated yet.

Why did so many healthy subjects get infected with COVID-19 variants, after vaccine injections, and develop a series of long COVID symptoms i.e. Myocarditis still has a nobody direct declaration for? The speculative aforementioned action mechanism(s), postulated ABCD errors, and certain potential excessive mortality and morbidity rates, could be indicated as potential causes, which are officially recognized that could play a pivotal role in triggering Hematologic and Hemato-immunologic disorders, in the last 4-5 years, however.(1-11) Compared to a decade ago, there is no doubt that all kinds of mistakes, cover-ups, and fake news in Medicare and Medicaid also played a certain role, simultaneously.

Moreover, reconsidering the fact that more than 10000 Lancet, Nature, and Scientific reports papers of TOP-50 Elite Universities, and certain organizations have been retracted, indicating that the suggested ABCDs indeed could be considered as the main cause(s), which did aggravate excessive morbidity and mortality rates, between chronic cardiovascular-affected patients, disastrously. (1-5,10)

Different explanations published over potential hazardous side effects & collateral damages for certain chronic heart and cancer patients, who are using certain drugs and simultaneously, are suffering from COVID-19 mutant infections(risks). 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(patients), 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)

There is no golden standard agreed algorithm yet for prognosis, diagnosis, and cure for certain affected cardiovascular patients with myocarditis, whose symptoms have arisen after COVID-19 vaccine injections. While more than 65 million patients have reported as long covid patients, certain official registrations, indicate that 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, lately. Moreover, the sincere question remains ‘How long takes that affected subjects/ patients get long covid clinical indications?’

Taken together, the unknown manufactured circulating sAIAs are becoming remarkably a business tool for Economic-based Pharmacists, -Scientists, and their associated investment companies collaborating with each other. On the other hand, it is almost impossible to initiate any alternatives to prevent the abovementioned collaborations, for outsiders, however.

References

1. Davis HE, McCorkell L, Vogel JM, Topol EJ (March 2023). "Long COVID: major findings, mechanisms and recommendations". *Nature Reviews. Microbiology*. 21 (3): 133–146.
2. Altmann DM, Whettlock EM, Liu S, Arachchillage DJ, Boyton RJ (July 2023). "The immunology of long COVID". *Nature Reviews. Immunology*. 23 (10): 618–634.

3. Bahram Alamdary Badlou. Thrombosis, an important feature of 'death triangle' machinery. J Thrombo Cir. 2018; Editorial JTC -105. DOI: 10.29011/ JTC -105. 000005
4. Bahram Alamdary Badlou. POSTCOVID-19 war era, rapid modern diseases progression, and cross- contamination between donors and patients. Hematol Transfus Int. 2024;12(2):26-27.
5. Martins IJ. COVID-19 and cardiovascular disease in the Global Chronic Disease Epidemic. J Clin Med Res. 2022;4(1):1-2
6. Chen C, Haupt SR, Zimmermann L, Shi X, Fritsche LG, Mukherjee B (November 2022). "Global Prevalence of Post-Coronavirus Disease 2019 (COVID-19) Condition or Long COVID: A Meta-Analysis and Systematic Review". The Journal of Infectious Diseases. 226 (9): 1593–1607.
7. Long COVID or post-COVID conditions". Centers for Disease Control and Prevention, US Department of Health and Human Services. 2023-07-20. Archived from the original on 2022-01-14. Retrieved 2023-07-23.
8. Alkodaymi MS, Omrani OA, Fawzy NA, Shaar BA, Almamlouk R, Riaz M, et al. (May 2022). "Prevalence of post-acute COVID-19 syndrome symptoms at different follow-up periods: a systematic review and meta- analysis". Clinical Microbiology and Infection. 28 (5): 657–666.
9. Srikanth S, Boulos JR, Dover T, Boccuto L, Dean D (September 2023). "Identification and diagnosis of long COVID-19: A scoping review". Progress in Biophysics and Molecular Biology. 182: 1–7
10. Bahram Alamdary Badlou. POSTCOVID-19 WAR era, reconsideration over human platelets diagnostics on earth versus space. Hematol Transfus Int. 2024;12(2):29–30.
11. Martins IJ. COVID-19 Infection and Anti-Aging Gene Inactivation. Acta Scientific Nutritional Health 4.5 (2020): 01-02

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