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Short Communication

Post COVID-19 War Era, (Un)Known Carcinogenic Angels of Death Triangle, Increasing Accelerated Excessive Mortality Rates

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Abstract

Recent increasing evidence-based studies, and clinical reports are showing that the Accelerated Excessive Mortality rate (AEMR) among cancer patients, become a very concerning issue, indicating significant missing know-how, in the last decade. Moreover, AEMRs (defined as a shortening of the 5-year survival chances) between both Chronic Cardiovascular patients (CCVPs) and Chronic Cancer patients (CCPs) make all TOP-100 University Medical Centers (UMCs) useless, on the one hand. On the other hand, increased AEMRs indicate that all the TOP-100 UMCs have still not succeeded to updated/upgraded, appropriately/ accordingly. [1-6]

Keywords: mortality rates; post COVID-19

Introduction

What is known? Previously I introduced death triangle machinery mutual collaborations that was based on the first Prognosis- Diagnosis expanded even into a rectangle/pentagonal, in postcovid-19 pandemic attacks (ref Badlou BA. death triangle different publications). In the last decades, different study groups showed that thrombosis is still one of the main causes of affecting mortality and morbidity rates, either in- hospital or out of hospitals cancer patients [1-3]. Based on the last Century's different global research

data could be claimed that the main cause (s) of high mortality and morbidity rate is 'death triangle' machineries consisting of Cancer Microorganisms- Platelets (CMP) [4].

Microbial toxins are toxic substances, which can increase morbidity and mortality rates, as well. Microorganisms' toxins (Mots) are small antigens, which primarily are extremely dangerous due to 1. their rapid propagation and aggressiveness, 2. their capability of RNA/ DNA damage and manipulation, 3. their additive and/or synergistic effects with reactive oxygen/ nitrogen species, i.e. rotaviruses [5,6], and 4. still (un-)known mechanisms i.e. Pharmacotoxicologic collateral damages [6], and last but not least 5. some hemato-oncologic factors correlating with Platelets (PLTs) associated to Thrombosis& Hemostasis angle. [1]

There are three kinds of potential causes initiating AEMRs, which could be indicated as the main cause(s) viz. 1. Infections either Viral or Bacterial, or Both (IVBB)2. None-Infectious ones either Accidents, Suicidal acts, or Pharmacotoxicologic (NIASP) and 3. Both 1+2 in a Bidirectional Unknown Manner (B1+2BUM) depend on old-fashioned guidelines' prognostics and diagnostics i.e., neuromuscular diseases. In the last Millennium have different studies already shown/confirmed that IVBBs could accelerate mortality rates rapidly and excessively. Across the world, people are living longer. In 1900, the average life expectancy of a newborn was 32 years. By 2021 this had more than doubled to 71 years. Moreover, the large reduction in child mortality has played an important role in increasing life expectancy. [1] Based on last decade's statistics presented could be said that the IVBBs as the main causes were naturally managed in the 20th Century, and are under certain (artificial) management system(s) in the 21st Century, however. Catastrophically, could be said that remarkably decreased or increased morbidity and mortality rates, in the 21st Century, are manageable. [1-10]

Increased mortality rates by NIASPs toward excessive rates is especially observed among young subjects,

(4) which might have novel and modern radically different from old-described mechanisms. In these post pocovid-19 periods different microorganisms mutated into also 2025 types, certainly and expectedly would respond differently. (un)expectedly the modern infections and their (re)actions of course could be changed, appropriately, which could be indicated as the main reason of so many failures in recent Prognostics and Diagnostics. for example, the new/unknown synthetic drugs availability and legalization in the Western Countries initiated new distressed conditions, however. In these POST COVID-19 WAR periods (>2023) manufacturing of potential carcinogenic drugs, and biological weapons was either caused by human rights violations or by increased legalization of the gangs' activities.

What a novel mechanism of the B1+2BUMs attacks is, and could be initiated, propagated, and terminated is not elucidated completely yet. The presence of the virus around the cell coincides with type I collagen in melanoma cell [5] suggesting that the limitation of infection is partially due to the abundant extracellular matrix in certain cell lines. [5]

On the other hand, cancer cells inherently exhibit higher ROS levels due to their increased metabolism and rapid proliferation. Docosahexaenoic acid (DHA), an omega-3 fatty acid, integrates into the mitochondrial membranes of cancer cells, (possibly can) affecting their permeability, (hypothetically) reducing membrane potential, and (potentially) triggering the release of cytochrome C, activating the mechanism (pro-) apoptotic processes, prematurely. [5-7]

The presence of virus around the cell coincides with type I collagen in melanoma cells like A375 and SK-MEL, suggesting that the limitation of infection is partially because of the abundant extracellular matrix, in these cell lines. The action of losartan, in synergy with TGF-beta, influences fibrosis through the angiotensin receptor type 1. [5] The action of losartan, in synergy with TGF-beta, influences fibrosis through the angiotensin receptor type 1 (AT1) in various tissues beyond the cardiovascular and renal systems. (5)

Besides, the B1+2BUMs by which they might/ are causing accelerated excessive mortality rates between patients i.e. cardiovascular diseases (CVDs) and cancer before and after interventional surgeries is also not completely elucidated yet (2025). This paper focused only on the main three killers 1. Cardiovascular Diseases (CVDs), 2. Cancerogenic Diseases (CDs) and 3. Allergic Overreactions (AOs) with(out) infections. One is observing that the killer number one reported to be the CVDs in the last hundred years (1924-2024), which after a Century 's subsidiary investigations still remained the main AEMRs targets, in the 21 Century, worldwide.

now, the sincere question remains “What is the main cause of CVDs that could not be prevented, however?’ Considering the main causes of the CVDs that in the last 4-5 years, significantly caused Accelerated AEMRs between different patients were repeatedly 1. bias-based prognostics and diagnostics, and 2. bias- based Medicare and Medicaid, under the supervision of General Practitioners (GPs), eventually. Besides, based on different statistics reported [1,3-7] all kinds of IVBBs, NIASPs, and B1+2BUMs were decreased up to 2018. Based on the validated/published Dutch Heart Foundation data statistics, a comparison of the last 20 years' changes in mortality rates data showed that before 2018 a significant decrease, and after the pandemic attacks, a significant increase curve, indicating that know-how was available up to 2018 to decrease CVDs mortality rates. Post COVID-19 pandemic attacks from 2019, something occurred after 2020 that the CVDs patients randomly died excessively, causing increased AEMRs, unexpectedly.

Although still the exact mechanism of action remained controversial, and not the whole mechanism of action could be directly associated with certain COVID-19 mutants, it also is not unimaginable that sooner or later could be confirmed and validated, however.

What is still unknown?

On one hand, some limited studies either retracted from the Lancet, Nature, and Scientific Reports, or not retracted yet, have shown that vaccines are helping to fight against the mortal effects of certain viruses besides, the COVID-19 mutants (retracted papers published in the Nature NEWS December 2023). On the other hand, other recently published statistical data showed in a big clinical study in Brazil that increased morbidity and mortality rates were directly observed among vaccinated patients, however. (2) Comparing different statistical data causes more confusion than presenting certain simple answers. There is more than one elephant in the dark room, with different sizes and fact-based angles. Let's turn on the light and observe what is going on, in the darkroom, in this post covid-19 war period. Why did some scientists believe that from 2020 AEMRs, caused by COVID-19 mutants inclusive associated with 8 different rapidly manufactured vaccines?

On the contrary, why do another group of scientists/ pharmacologists think that the COVID-19 mutants and -associated vaccines had no significant effects on AEMRs, eventually? Different angles as metaphoric examples of an elephant in the dark room or more elephants (remarkably) made comprehensive analysis very complex, in this POST COVID-19 war period. Besides, (un)expectedly One might see more elephants were present in the dark room with different sizes and scientific concepts i.e. I. increasing -, II. increasing of excessive -, III. increasing of accelerated -, and IV. increasing accelerated excessive mortality rates, which are different elephants, at the same time and same place, extraordinarily. Indicating that looking at different pathophysiological, hemato-immunologic, and cardiovascular mechanisms either externally or internally could be involved in I, II, III, IV concepts, mentioned above.

Contains different activators, inhibitors, sizes, and impacts, which were created a random pathologic different 3-D and 4-D images, inclusive of associated (bias-based) data, which could be not determined yet, however. For instance, compared to 2015(a decade ago) not only did AEMRs increase, but also rapidly occurring pathologic reactions did cause less than expected survival chances, POST COVID-19 pandemic attacks. [1-3,5,6] Moreover, which factor(s) determine(s) the severity of CVDs pathological manifestation has not been elucidated completely yet, as well (2024). The severity of the disease manifestations depends on the microorganisms’ quantity and quality, and their aggressiveness sort (IVBBs) presented to the subject's body. [2]

Take take-home message is that an increased morbidity and mortality rate in the last 5 years is showing a significant backward progression in Public Health and disease discovery sciences. There are many kinds of IVBBs circulating in air pollution (average of 10000-14000/m2) but how smaller is the number of IVBBs entering the subject's body, how lesser is the possibility of a disease coming out fully, and affect immunologic systems of a random healthy body, toward an AEMR and pushing into a terminal status. On the contrary, if microbe exists in large numbers in the body,the disease can be severe and life-risking.[4- 6,13] Future studies in detail can elucidate why? how? which action mechanism has directly been affect-ed, in post covid-19 pandemic periods.

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