AUCTORES
Globalize your Research

Journal of Cancer Research and Cellular Therapeutics

Bahram Alamdary Badlou*

Open Access

Short Communication

Post COVID-19 War Era, Pharmacotoxicologic-Related Sources as Main Cause-Effect Issue to Recent Excessive Morbidity& Mortality Rates

Bahram Alamdary Badlou

Hematology and MSc Medical Biology; BBAdvies and Research, Research and Development Dept. Zeist, The Netherlands.

***Corresponding Author:** Bahram Alamdary Badlou, Hematology and MSc Medical Biology; BBAdvies and Research, Research and Development Dept. Zeist, The Netherlands.

Received Date: April 09, 2025; **Accepted Date:** April 16, 2025; **Published Date:** April 23, 2025

Citation: Bahram A. Badlou, (2025), Post COVID-19 War Era, (Un)Known Carcinogenic Angels of Death Triangle, Increasing Accelerated Excessive Mortality Rates, *J. Cancer Research and Cellular Therapeutics*. 9(3); DOI:**10.31579/2640-1053/237**

Abstract

Before the COVID-19 pandemic, various statistical data and research group studies revealed a significant decrease in morbidity and mortality rates (MMRs) among different patient populations. However, unexpected increases in excessive MMRs among long-term COVID-19 patients, cancer patients, and those with cardiovascular diseases, along with a temporary decrease in the 5-/ 10-year survival rates for different subjects, have become a reality in the post-COVID-19 era.

Keywords: post COVID-19; pharmacotoxicology; human; health and diseases; excessive mortality cause

Summery

Before the COVID-19 pandemic, various statistical data and research group studies revealed a significant decrease in morbidity and mortality rates (MMRs) among different patient populations. However, unexpected increases in excessive MMRs among long-term COVID-19 patients, cancer patients, and those with cardiovascular diseases, along with a temporary decrease in the 5-/ 10-year survival rates for different subjects, have become a reality in the post-COVID-19 era. It is particularly distressing that universities consistently display gaps in expertise in fields such as hematology-oncology-hematoimmunology. These gaps are worsened by inadequate professor training, insufficient practical exposure in clinics, and a lack of up-to-date guidelines from regulatory authorities, including the Ministry of Health and the Food and Drug Administration. As a result, countless girls and women with bleeding issues—whether due to iron deficiency or not—are not diagnosed correctly or managed appropriately. This systemic failure has led to tragic outcomes and eroded public trust in our healthcare systems.

While it was widely assumed that national and international MMRs were declining in recent decades, which was encouraging news, an overdose of drug abuse remains the leading cause of death among Americans aged 18-44. Moreover, it is illogical that pharmacotoxicologic side effects and collateral damages can claim so many lives while (in)directly contributing to increased excessive/ accelerated MMRs.

What is (un)known?

Different studies indicating that the known and unknown sources could (in)directly induce MMRs. Besides, because the main issue(s) concerning initiating excessive /accelerated MMRs is overdose and pharmacotoxins affecting (in)direct hematotoxins, vaccine-associated mechanisms producing (un)known systemic cytokines storms, and least but not last direct self-treatments timely and/or abuse of drug overdose, which have shown that they had significant (in)direct effects as the main cause-effect of cardiovascular death, stroke and certain suicidal acts, which in the last 4-5 years increased significantly, against all expectations. [1-10)]

Provisional data shows that it is unprecedented to see predicted overdose deaths drop by more than 27,000(from 87000) over a single year," said Allison Arwady, MD, MPH, Director of CDC's National Center for Injury Prevention and Control. "That's more than 70 lives saved every day, in America only. [10]

In these POST COVID-19 WAR periods, different concerns and sincere question(s) remain 1. which synthetic chemical/ biologic solutions/ drugs/ vaccines are causing harm/ affecting human health and diseases(H&Ds)? 2. which synthetic chemical/ biologic solutions/ drugs/ vaccines did not follow the Pharmacopoeias regulations, disastrously, pre- and post-COVID-19 pandemic periods? (April 2025)?

Increased published science-based data related to nonfatal drug overdoses is reported through the CDC's Drug Overdose Surveillance and Epidemiology (DOSE) system. Various clinical statistical data reveal a surprising paradoxical increase in excessive MMRs, which still show an unexpected downgrading. [8-12] On the other hand, recent evidence-based studies and clinical reports [1-9] indicate that different known pharmacotoxicologic sources could potentially initiate both acute and

chronic pain, cardiovascular diseases, and stroke, which play a pivotal role among various chronic cancer patients. In many cases, direct cause-effect relationships are still not completely elucidated or properly studied.

Since the COVID-19 pandemic, more people have been dying per year than expected. This is called excess mortality. How does the Dutch RIVM (National Institute for Public Health and the Environment, The Netherlands) monitor excess mortality in the Netherlands? Since 2009, the Dutch RIVM has been tracking how many people die in the Netherlands each week. The number of deaths (referred to as mortality) is monitored based on data from Statistics Netherlands (CBS). This enables the Dutch RIVM to assess how mortality is affected by unique circumstances, such as an outbreak of infectious disease, and the dynamics of pharmacotoxicologic effects on Dutch societies. [8]

In a video recently published online, Dr John Campbell concludes – based on data from the Organization for Economic Co-operation and Development – that there were high numbers of excess deaths in 2023 in countries with high COVID-19 vaccination rates such as the Netherlands, Australia, New Zealand and Denmark. [9] Meanwhile, the numbers of excess deaths in Poland, Hungary and Sweden are lower than expected. 1.How many people have to die before the European Medicines Agency investigates the connection between high COVID-19 (booster) vaccination rates and extremely high excess mortality rates in some countries?2. Why is the Commission not investigating the more than likely possibility that COVID-19 vaccines are the cause of the continuing high excess mortality rates? And 3. Why does the Commission refuse to provide full transparency on COVID-19 vaccines (for example by refusing to publish Ursula von der Leyen's Pfizer text messages and to fully answer our questions on COVID-19 vaccines)? [9]

Taken together different known, and unknown pharmacotoxicologic side effects and collateral damages are (in)directly causing premature and unnecessary accelerated and even excessive MMRs in these post covid-19 periods. On the other hand, with revision of guidelines, and standard procedures easily these kinds of cause-mortal effects could be prevented, however. In these 21st century periods, every pathological and pharmacotoxicologic process could be monitored online and offline. Besides, simply interference with certain implementations of properly revised and adapted standard guidelines (potentially) could potentially save many lives against unnecessary excessive MMRs. With different preventive and simple plans more than a million subjects' lives are saved, is that not good enough to try it?

Conflict of Interest

No conflict of interest reported.

References

1. Drug Overdose Deaths: Facts and Figures.
2. Wu SY, Chambers M, Khan M, Chinweze M, Cao TM, Zhao H. (2023). The Etiology of Abnormal TSH in Veterans Cared by a VA Medical Center - One High Serum Thyrotropin is Associated with Higher 5-Years Mortality. *Endocrinol Disord*. 7(2):133.
3. National Center for Veterans Analysis and Statistics, U.S. Dep. of Veterans Affairs, 2021.
4. Solomon DH, (1991). Effect of aging on thyroid hormone metabolism, in Thyroid Hormone Metabolism, Regulation and Clinical Implications (Edited by Wu Sing-yung), Blackwell Scientific Publications, Boston, PP. 267–292.
5. Park YJ, Yoon JW, Kim KI, Lee YJ, Kim KW, Choi SH, et al. (2009). Subclinical hypothyroidism might increase the risk of transient atrial fibrillation after coronary artery bypass grafting. *Ann Thorac Surg*; 87:1846-1852.
6. Cerillo AG, Storti S, Kallushi E, Haxhiademi D, Miceli A, Murzi M, et al. (2014) The low triiodothyronine syndrome: a strong predictor of low cardiac output and death in patients undergoing coronary artery bypass grafting. *Ann Thorac Surg*, 97:2089-2095.
7. Dutch Heart Foundation data base over cardiovascular diseases and associated statistical data
8. Our world in data statistics over unexpected children's mortality rates.
9. RIVM homepage Vaccination and excess mortality.
10. John Campbell quotes.
11. CDC.

DOI: 10.31579/2640-1053/237