

COVID-19 War, Confusion about Cause-Effect Correlations

Bahram Alamdary Badlou

PhD Hematology, Drs. Medical Biology, BBAdvies and Research, Research and Development Dept. Zeist, The Netherlands, Telefax. +31302211328, Email: bbadlou@casema.nl

***Correspondence to:** Dr. Bahram Alamdary Badlou, PhD Hematology, Drs. Medical Biology. BBAdvies and Research, Research and Development Dept. Zeist, The Netherlands.

Copyright

© 2021 Dr. Bahram Alamdary Badlou. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Received: 06 March 2021

Published: 21 April 2021

Keywords: *COVID-19; Vaccines; Medicines; Human; Disasters*

COVID-19 pandemic is causing more than 3 million casualties and counting; after 2 years creation/ mutations /manipulations, which still no standard cure for its existing. Different catastrophic and un- known yet (side-)effects bring One, in a confusing situation, what could be the next disaster. Therapeutic methods are desired to improve the effects of certain drugs and vaccines in patients with COVID-19, however [1-4]. There are so many not standardized approaches, which we hoped to tackle COVID-19 variants and correlated mutants, now become rather a delusion than a fact.

Currently, 2 mRNA vaccines (created by Pfizer-BioNTech and Moderna) and 1 adenovirus-vectored vaccine (Janssen/Johnson & Johnson) have received emergency use authorization by the US Food and Drug Administration (FDA). These vaccines have proven to be safe and highly effective in preventing severe COVID-19, likely also transmission and death [2,3].

Though, One is observing that not only all gained basic- and clinical studies in the last years being not used by so-called Decision-/ Policymakers but also became a tool to abuse associated information, however.

Currently, one drug for gene therapies is called a vaccine, however. Additionally, currently developed vaccines instead of preventive medicine are used as curative drugs; with all (un-) known side effects and increased risks of comorbidity and mortality.

Let's together follow some of the drugs as examples, which have not produced to specifically attack COVID-19 mutants. The Remdisivir (RDV) is a type of broad-spectrum antiviral medication called a nucleotide analog. It is currently an investigational drug and not approved in any country for any use. The Favavir that in India, is designed an anti-viral drug originally against influenza, called favipiravir.

Chloroquine is produced to prevent or treat malaria caused by mosquito bites. Chloroquine belongs to a class of drugs known as antimalarial. The Dexamethasone is produced to treat conditions such as arthritis, blood/hormone disorders, allergic reactions, skin diseases, eye problems, breathing problems, bowel disorders, cancer, and immune system disorders, however. It is also used as a drug tested for an adrenal gland disorder (Cushing's syndrome). Dexamethasone belongs to a class of drugs known as corticosteroids. It decreases your immune system's response to various diseases to reduce symptoms such as swelling and allergic-type reactions etc. etc. Hence, all the above mentioned drugs are not specifically designed against COVID-19 (-variants).

Introducing different kinds of unusual/unknown viral based-vaccines and thoughtless cooperation of the FDA to approve worthless vaccines, resulted in global usage of unspecific drugs/vaccines.

One is observing even if the accepted vaccine can target identified previous COVID-19 variants, the next challenge will be to reconsider, how they are going to generate an effective immune response to SARS-CoV-2 mutants. The characteristics of this response would include the production of neutralizing antibodies, generation of a T-cell response, and avoidance of immune-enhanced disease; vaccine-induced response, which might lead to increased disease severity on the viral challenge, paradoxically [3,4].

Recently in the NEJM 2021 Guilian K., *et al.* [5] summarized in short that "Safety-related issues are consistently the top reasons for hesitancy regarding COVID-19 vaccination cited in polls, with 71% of respondents in one recent poll, for example, citing concerns about side effects. However, opinion polls suggest that sources of technical information about safety are not greatly trusted. Specifically, there is limited trust in the media or pharmaceutical companies to provide COVID-19 vaccine information: as few as 16% and 20% of respondents, respectively, say they have "a great deal/quite a bit" of trust in these organizations to provide such information. The public also has only moderate trust in information provided by the FDA, on the other hand [5]. Moreover, for different reasons, Americans who are identifying as Republicans, are less likely than Democrats to say, they will get vaccinated. A quarter of Republicans (26%), as compared with half of Democrats (52%), say they "definitely" will get vaccinated [5]. In both parties, neither republicans nor Democrats trust their own local Pharmaceutical Companies, completely.

Per definition when you get sick, the GPs administration is a medicine against a certain disease, never a vaccine was administered. Moreover, there is no vaccine exist that has no side effect(s). Logically, one might ask a sincere question (s)" what are the side effects of the newly introduced vaccines? Which side effects are described for the certain vaccine(s) that now under accelerated approval might be used, in the next months and years?

All basic Scientists and Medici are not showing their appreciative gestures over recent developments over COVID-19 vaccines. Why suddenly a "virus-based-induced-vaccine" is approved for human usage, on one

hand. And on the other hand, why manufacturers have the intention to produce unspecific vaccines rather than medicine? There is a remarkable confusion here over how colleagues are working against COVID-19 pandemics, apparently [5-7]. Furthermore, there is no plan B, when all vaccines affect pandemics' speed, conversely.

Recall, there is substantial variation between individuals in the immune response to vaccination. Protection induced by vaccinations is mediated through a complex interplay between innate, humoral, and cell-mediated immune responses [6], support, tolerance, making memory cells, and (in-)sensitivities.

Although, there are 6 different internal/external/ environmental factors, which might also disturb a certain vaccination effect significantly namely: 1. availability of intrinsic host factors, 2. perinatal host elements 3. behavioral factors 4. nutritional factors 5. vaccines combination and their final concentration, and 6. administration manner, size, and time of day [6].

Take home message is that still no medicine/vaccines are developed, which could treat COVID-19 contracted patients, globally. Moreover, maybe unknown (future) side effects affect the whole next generation in 21th Century. Nobody knows then how our future will be without hope for recovery.

Bibliography

1. Eduardo López-Medina, Pío López, Isabel Hurtado, C., *et al.* (2021). Effect of Ivermectin on Time to Resolution of Symptoms Among Adults with Mild COVID-19, A Randomized Clinical Trial. *JAMA*, 325(14), 1426-1435.
2. Carlos del Rio & Preeti Malani (2021). COVID-19 in 2021- Continuing Uncertainty. *JAMA*, 325(14), 1389-1390.
3. Creech, C. B., Walker, S. C. & Samuels, R. J. (2021). SARS-CoV-2 vaccines. *JAMA*, 325(13), 1318-1320.
4. Tseng, C. T., Sbrana, E., Iwata-Yoshikawa, N., *et al.* (2021). Immunization with SARS coronavirus vaccines leads to pulmonary immunopathology on challenge with the SARS virus. *PLoS One*, 7(4), e35421.
5. Gillian Steel Fisher, K., Robert Blendon, J. & Hannah Caporello (2021). An Uncertain Public - Encouraging Acceptance of COVID-19 Vaccines. *The New England Journal of Medicine*. (Pp. 1-5).
6. Zimmermann, P. & Curtis, N. (2019). Factors that influence the immune response to vaccination. *Clin Microbiol Rev.*, 32(2), e00084-18.
7. Bahram Alamdary Badlou (2021). COVID-19 WAR, Vaccines Versus Medicines. *CPQ Medicine*, 11(2), 01-04.