

COVID-19 War, Platelets Disorders Are Underestimated

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COVID-19 pandemic is causing more than 4 million deaths and counting (July 2021). After 2 years of pandemic situation, the general public is globally suffering from increased morbidity and mortality rate (and correlated manipulations), which still no standard cure for new mutated COVID-19 variants is existing.

Different catastrophic and unknown yet (side-)effects bring One in a confusing situation, what could be the next disaster in the 21st Century? Moreover, not only the exact mechanism of the killing machinery system of COVID-19 variants is not completely elucidated yet [1] but also the exact mechanism of platelets disorders correlated to infection and post-vaccination are not discovered absolutely. Recall, two years ago the mortality and morbidity rate of coronavirus contamination was zero, globally.

However, original coronaviruses are changing into killing superbugs with mortality and morbidity rate of (at least) increased to a mean annually of 5000 deaths per day, universally. Furthermore, underestimation of statistics and the mechanism of death cause-correlated- diagnostics-Medicare resulted in time-consuming investigations, which led to annoying approaches by (Chief-) Policymakers. For instance, an increased unnecessary time consuming investigations resulted in mass production of alcohols and facemasks, which have shown no significant effects had on COVID-19 variants proliferation and differentiations. Just such economic-based suggestion for mass production led into delays to discover real mechanism of simple corona virus that suddenly mutated into autonomic killing machine-superbug.

Krause PR *et al.* NEJM 2021 postulated 4 new manners to monitor vaccine-related priorities to control new COVID-19 variants, and do research to find out why? And How the different vaccines are producing new mutants, and how they cause diseases in vaccinated subjects [2]. On one hand, emerging new uncontrolled variants, and on the other hand, microbial resistance due to producing not standard products i.e. unknown vaccines are bringing healthy subjects in great mortal risk, dangerously. One might suggest why are we administering something unknown to a healthy subject at first? And why we have to look for that unknown things' side effects inclusive expensive researches? This is not the way how the exact Science was working in the last millennium.

Platelets normal function is in blood clotting starts from vessel wall injuries only but platelets abnormal functions prematurely results in thrombophilia, (micro-)thrombosis, thromboembolism, thrombocytosis, early blood clotting, DIC disorders, varicose, necrosis, early apoptosis, low flow/ no flow Ischemia and random shut down of organs, however. Recall, all aforementioned pathologic platelet disorders and processes were observed in the reported death certificate of COVID-19 contaminated patients. Now a days, both COVID-19's variants, and COVID-19-related vaccines are inducing platelets disorders and PF4 release leading to premature thrombosis and blood clots (thrombocytes binds to each other and release adhesion molecules and growth factors resulting in the closing of vessels) [1,3], Thromboemboli (thrombocytes aggregates circulating in the blood and lymphatic systems), and another platelets disorders i.e. thrombophilia, serotonin release, P-selectin secretion, however. Although the exact mechanism induced by COVID-19 variants are not wholly clarified yet [1-5].

Thijs *et al.* 2010 postulated that platelet activation via G-protein coupled receptors (GPCRs) almost all soluble agonists-induced platelet activation occurs by interacting with GPCRs, as discussed [6]. All G-protein signaling cascades can act as positive feedback mechanisms. Consequently ensuring further platelet (integrin) activation, (ir-)reversible shape change and mean platelets volume (MPV), (ir-)reversible granule secretion, [2,6] and recruitment of second platelets in the growing thrombus are of utmost important procedures.

Currently, Medici are administrating certain (un-)known medicines and vaccines as the main curative/creative tactics, besides disinfectants strategies in the last 20 months. Consequently, from zero death periods due to COVID-19 infection, now 4 million casualties and counting are no longer with us.

The coronavirus already existed for Centuries contaminating different subjects, and up to 2019 nobody knew about COVID-19 mutants, which can rapidly contaminate and kill subjects via unknown pathways. The new COVID-19 mutated variants are using ACE-dependent and ACE-independent receptors to proliferate and differentiate further in contracted subjects. One of hypothetical pathway could be via subject's blood platelets as a shield, and using platelets as a secret weapon to avoid immune systems, locally. Besides, we are observing that platelet disorders are occurring with COVID-19 infections and with(-out) vaccine injections, however.

Underestimation of platelets function and disorders by the (Chief)Policymakers is causing more than 4 million (and counting) mortal cause and effect consequences. John Miller golden communication that ever said "when you don't know something you ignore it" but One might revise this golden expression, and say

“when you don’t know something in the 21st Century don’t ignore it, especially concerning world health issues and call experts.”

We are living in a modern and developed scientific era that all Nano-movements of microorganisms could be detected in less than one day, after research and investigation. One might ask a sincere question about “what is going on that Policymakers have no idea how? and when? the COVID-19 issue will be solved, eventually? Why platelets hyperactivity / hypoactivities pre- and post-vaccinations are not investigated by platelets experts yet?

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