
COVID-19 War, Blood Cells Disorder Paradoxically Increase Death Rates

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Received: 08 April 2022

Published: 05 May 2022

Keywords: *Platelets; Policy; Human*

The COVID-19 pandemic infection increased the death rate by more than 6.2 million deaths, and almost 500 million reported (un-)known infected subjects, globally, and counting (April 2022). Remarkable is, on one hand, the coronavirus is almost known for Centuries and could not kill so many subjects in the last decades. On the other hand, a small mutation in S- and N-sections could well infect and kill unknown subject(s) that simply is not still elucidated which exact mechanism using COVID-19 mutants and novel variants to kill patients [1-7].

Introduced naïve guidelines and algorithms to tackle COVID-19 variants were unsuccessful, and obviously based on “lack of knowledge”, inconsistently new policies are dictating people to follow new instructions.

After Millenniums of trying to work and act following Science-based procedures, still One is observing that Basic Scientists are not working logically. For instance, if we reconsider the whole action/reaction of the last 2 years over the COVID-19 approach guidelines, there are huge biases, and wrong decisions, which still are not stopped, in the long run.

Now one country opens the whole society and is going to expose defenseless subjects to novel COVID-19 variants i.e. different European countries, and another country closes the whole society i.e. China. There is not only, no standard scientific-based solution, but also there is no standard scientific-based guideline to tackle new variants, desperately. Subsequently, the abovementioned (re-)actions have their own in charge

Policymakers, accountable Scientists, responsible Managers, who have closed their doors and are hiding, regrettably.

Obviously, there is no court to bring them to justice for their (re-)actions. People defenseless are observing how their dear children and parents are dying and no real Scientist is allowed to offer an appropriate solution, despite disastrous causalities and social side effects, worldwide.

Though, in our last two years' Research papers, -Editorials, and -Commentaries our research team (using self-funding research projects) could unravel the step-by-step mechanism of (re-)actions of COVID-19 variants from the beginning. On the contrary, One is observing that against all Science-based findings, the main Policymakers are making new decisions and overlooking the real solutions, however.

If new COVID-19 variants should be fought by exposing the whole Society because of certain reasons, why the CDC and the FDA do not follow this policy. Simultaneously, Why the regulators did not declare any procedure as standard guidelines? On the other hand, if it is wise to prevent exposure of subjects, why the CDC and the FDA do not follow this policy? Obviously, both solutions scientifically are baseless choices and could be military-chosen policy, which hypothetically can increase new mutants creation that nobody could have any control over them. In the end, everybody is taken responsibility for doing their own responsibilities and our research team's concern is to offer real Science-based solutions, whatever is happening, globally.

In our view, is the angle of (pro-)activation and/or (un-)responsiveness of enucleated blood cells, white blood cells disorders, which are determining death causes, hemato-immunologic and pathophysiological were significantly neglected.

As previously described the substance-induced platelets disorders might play a pivotal role in a significant increase in death numbers and death rates, age-dependently, which the exact mechanism is not revealed completely (2-6). Last two years different reports on mortality and morbidity rates were showing significant causalities among older patients with remarkable changes in platelets pathophysiology (6). Subsequently, associated Medicare and Medicaid were not successful because of overstressing naïve treatments, hypothetically.

Concerning diagnostics of new COVID-19 variants, too many false-negative results may be a consequence of bad sampling isolation procedure i.e. oral or nasal samples, which Junqueira C., *et al.* 2022 postulated that the severe COVID-19 form is linked to exuberant systemic inflammation of white blood cells disorders i.e. monocytes and macrophages are lookout-cells that sense invasive infection to form inflammasomes leading to inflammatory death that terminates production of the infectious virus. Subsequently, inflammasomes are causing blood circulation systemic inflammation that contributes to further COVID-19 Hematopathogenesis [1].

Another point of view, over the pathogenesis of COVID-19 variants, is alcohol- and vaccine-induced side effects, especially that kinds of mixtures, which are targeting so-called viral- S&N section 'mutations that has been reported previously in different Journals i.e. Nature, Lancet, and JAMA 2020-22. They examined

mortality data to assess whether alcohol-related deaths are increasing during the COVID-19 infection. The number and rate of alcohol-related deaths increased by approximately 25% between 2019 and 2020 [2-5].

Several cases of unusual blood cell and platelets disorders including thrombotic events have been reported pre- and post-vaccination using the recombinant adenoviral vector encoding the spike protein antigen of COVID-19, and associated drugs developed/applied are indicating a hasty decisions and did abuse of global uncertain conditions, and/or did select an Economic-based approaches, eventually. Drugs-abuse is causing (un-)known side effects irrespective of herbal, biosimilar, or chemically produced i.e. causing monocytes disorders, and platelets leakage of PF4 and other (un-)known molecules originating from different sub-organelles. Though, the exact mechanism of interactions between hard and soft tissue was/is still not interpreted entirely. How? And Why? a Coronavirus that was a respiratory virus transformed into a systemic blood circulating virus is also of big concern. Another theory is the (in-)capability phenomenon of new COVID-19 variants, which can enter a blood cell without being primed by the subject's immune system (infection tolerance aspect). How new COVID-19 variants are planning over the next steps, and their potential, is of big concern. Taken together, new COVID-19 variants are evolving themselves from a respiratory virus into superbugs, capable to infect/transfecting/transforming and entering the white blood cells and inducing systemic inflammation is of huge concern. Besides all PCR-related false-negative results are showing significant errors during sampling, and need future investigations to research and develop a better sampling method's algorithm.

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