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What would Hippocrates have sworn upon witnessing the COVID-19 mandates and mortality paradox?

Mina T. Kelleni. Hippocrates and COVID mandates

Mina Thabet Kelleni

Abstract

For the first time in human history, hundreds of millions of people all over the world have been subjected to compulsory vaccination with a new type of nucleic acid based vaccines in order to keep their jobs or be able to travel due to some notorious COVID-19 mandates. The vast majority of African countries were either initially deprived of these vaccines, or later, a majority of the population was too skeptical to receive them and preferred a safe early treatment pharmacological approach. Yet, Africa had the lowest COVID-19 mortality rate compared to those countries that adopted mass vaccination. This letter to the editor adds African insights that should be helpful in future pandemics to save millions of precious lives.

Key Words: Hippocrates; COVID-19; nucleic acid based vaccines; COVID mandates; COVID mortality paradox; Kelleni's protocol

Kelleni MT. What would Hippocrates have sworn upon witnessing the COVID-19 mandates and mortality paradox? *World J Exp Med* 2024; In press

Core Tip: From an African perspective, we feel fortunate that we were able to avoid the compulsory nucleic acid-based COVID-19 vaccination and most COVID mandates. This letter to the editor aims to call for a fair assessment of the damage induced by those mandates compared to our African early treatment approach that saved the lives of the African people who were too skeptical to adopt the early global propaganda claiming “perfectly safe and perfectly effective vaccines”. This propaganda was later revealed to not be as safe or effective, at least as shown by societies of COVID-19 vaccine victims all over the world, as well as by a COVID-19 mortality paradox that favored Africa over wealthy, heavily COVID-19 vaccinated countries.

TO THE EDITOR

I have read with gratitude a quality report that commented on my recently published article in your esteemed World Journal of Experimental Medicine[1]. The reviewer graciously acknowledged that the article contained important information regarding the African approach to managing COVID-19 that was supported by numerous bibliographical entries. However, he/she criticized my strong tone and requested more clarification, including numerical data about the patients treated with our approach.

I agree that my tone may have been perceived as strong by some reviewers, but I respectfully argue that it should be more appropriately viewed as passionate. Since March/April 2020, I have witnessed the loss of young friends and colleagues who were treated using Western protocols, whether as I suggest, through improper pharmacotherapy[2] or nucleic acid based vaccines[3]. For over four years, I have been in direct contact with the families of these victims who experienced ongoing sorrow[4].

I am guilty as charged if you consider me passionate in this published article, but again I respectfully argue that my tone is considered not strong enough when considering the perspective of those who suffered serious adverse effects when forced to be vaccinated by nucleic acid based vaccines and later deemed as a necessary sacrifice or collateral damage until safer vaccines are developed[5,6].

Furthermore, our African approach, particularly the early immune-modulation as best revealed by Kelleni's protocol has proven to be safe, effective and highly adaptive throughout the pandemic[7] compared to the ongoing published data revealing potential serious adverse effects associated with nucleic acid based vaccines[8-10].

Regarding the number of patients, in my clinic, I have treated hundreds of patients, especially those at high risk with various co-morbidities and I have published some examples[11-13]. Moreover, my protocol has been widely adopted by Egyptian colleagues[14] and I have cited in my recently published article in your esteemed journal, as well as in previous peer reviewed and published articles supporting academic and clinical data from other countries[15-17].

Importantly, I suggest that any fair assessment comparing mortality rates in countries that adopted the Western approach with Africa and other countries that have adopted

early immune-modulation should consider our early immune-modulation approach as a significant factor contributing to this COVID mortality paradox.

Finally, two decades ago, when I graduated from college of medicine, I recited the well-known Hippocratic Oath with great passion. However, I believe that if Hippocrates were alive today and witnessed the COVID-19 mandates and mortality paradox, he would have added to his famous quote "I will do no harm or injustice to patients" another statement declaring: "I will not be intimidated into staying silent while harm or injustice is being done to innocent patients even if it was committed by my own teachers".

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