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EDITORIAL

Christodoulidis G, Agko SE, Koumarelas KE, Kouliou MN. Therapeutic strategies and prognostic challenges in linitis plastica. *World J Exp Med* 2025; 15(1): 96318 [DOI: [10.5493/wjem.v15.i1.96318](https://doi.org/10.5493/wjem.v15.i1.96318)]

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REVIEW

Peruhova M, Stoyanova D, Miteva DG, Kitanova M, Mirchev MB, Velikova T. Genetic factors that predict response and failure of biologic therapy in inflammatory bowel disease. *World J Exp Med* 2025; 15(1): 97404 [DOI: [10.5493/wjem.v15.i1.97404](https://doi.org/10.5493/wjem.v15.i1.97404)]

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MINIREVIEWS

Balaji S, Jeyaraman N, Jeyaraman M, Ramasubramanian S, Muthu S, Santos GS, da Fonseca LF, Lana JF. Impact of curcumin on gut microbiome. *World J Exp Med* 2025; 15(1): 100275 [DOI: [10.5493/wjem.v15.i1.100275](https://doi.org/10.5493/wjem.v15.i1.100275)]

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ORIGINAL ARTICLE**Retrospective Cohort Study**

Abd El-Ghany HM, El Ashry MS, Abdellateif MS, Rabea A, Sultan N, Abd El Dayem OY. Prevalence of *RUNX1* gene alterations in *de novo* adult acute myeloid leukemia. *World J Exp Med* 2025; 15(1): 99516 [DOI: [10.5493/wjem.v15.i1.99516](https://doi.org/10.5493/wjem.v15.i1.99516)]

Observational Study

Liana P, Syahbiran HG, Sari NP, Rahadiyanto KY, Nurwany R, Nurhidayat W, Umar TP. Haematology results, inflammatory haematological ratios, and inflammatory indices in cervical cancer: How is the difference between cancer stage? *World J Exp Med* 2025; 15(1): 96988 [DOI: [10.5493/wjem.v15.i1.96988](https://doi.org/10.5493/wjem.v15.i1.96988)]

Prospective Study

Moorthy S, Bhaskar E, Singh S, Silambanan S. Diagnostic utility of microRNA profiles in cavitatory and non-cavitatory pulmonary tuberculosis: Research protocol. *World J Exp Med* 2025; 15(1): 97460 [DOI: [10.5493/wjem.v15.i1.97460](https://doi.org/10.5493/wjem.v15.i1.97460)]

Basic Study

Sette-de-Souza PH, Fernandes Costa MJ, Dutra Borges BC. SARS-CoV-2 proteins show great binding affinity to resin composite monomers and polymerized chains. *World J Exp Med* 2025; 15(1): 94022 [DOI: [10.5493/wjem.v15.i1.94022](https://doi.org/10.5493/wjem.v15.i1.94022)]

LETTER TO THE EDITOR

Kelleni MT. What would Hippocrates have sworn upon witnessing the COVID-19 mandates and mortality paradox. *World J Exp Med* 2025; 15(1): 98575 [DOI: [10.5493/wjem.v15.i1.98575](https://doi.org/10.5493/wjem.v15.i1.98575)]

ABOUT COVER

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

Mina Thabet Kelleni

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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 coronavirus disease 2019 (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

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Core Tip: From an African perspective, we feel fortunate that we were able to avoid the compulsory nucleic acid-based coronavirus disease 2019 (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.

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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 coronavirus disease 2019 (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.

MY VIEWPOINT

I acknowledge 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 2020 to April 2020, I have witnessed the tragic loss of young friends and colleagues who were treated using Western protocols, whether as I suggested in my previously mentioned article[1], through improper pharmacotherapy or nucleic acid based vaccines that were rapidly approved despite potential data manipulation regarding their safety and efficacy[2]. For over four years, I have been in direct contact with numerous families of these victims who have experienced ongoing sorrow.

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[3,4].

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 compared to the ongoing published data revealing potential serious adverse effects associated with nucleic acid based vaccines[5-7]. Additionally, some reports have suggested that the severe acute respiratory syndrome-coronavirus 2 spike protein, which is also expressed or its antigenic receptor binding domain through nucleic acid-based vaccines in human cells, plays a role in the survival of cancer cells[8], induces lung cancer migration, invasion and progression[9] and may contribute to oncogenesis and tumor growth through DNA damage and induction of chronic inflammation[10].

Regarding the number of patients, in my clinic, I have treated hundreds of patients, especially those at high risk with various co-morbidities as discussed and cited[1]. Moreover, my protocol has been widely adopted by Egyptian colleagues [11], 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.

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.

CONCLUSION

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".

FOOTNOTES

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