



The Role of Intracellular Bacteria in COVID-19 Pathogenesis

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Much and a lot we heard about what Covid-19 had did in man/ kind and his affairs over the last several months as an pandemic. Still a lot should be said in spite of the coordination of the globe efforts against the tiniest creature. A lot should be said not done! Why? Simply because as ones say our efforts that basided on the current knowledge is as a humble wooden ship with torn sails thrown right and left by the angry sea waves on the earth of reality. For that, I will say my word as being invited by this respected journal in a time I kept standing a side after failed initial start up to present my work to overcome the need for ventilator machines shortage, this shortage both quantitative in numbers needed and qualitative when the lung destroyed and no more act as a vital ring in delivery of oxygen to the tissues. Another failure, was the loss of knowledge transfer defect between me as a researcher and the official people in the field both in scientific and decision matters. Let us come back to what should be said.

Basically, viruses invade cells to work. According to my work in the scope of biological bases of surgical pathologies both on trial treatment pre-PCR era and then with screen of open tissues biopsy with PCR, the results showed my vision that relate all symptomatology in clinical medicine and hence the surgical pathologies as structural abnormalities are a medico-surgical long standing complications to high percentage of intracellular bacteria presence in my samples taken whether directly from the target lesion or in-directly from Sacro-iliac joint area and then from peri-scapular region open tissue biopsy. The vision is not unreal, it is the real reality. As we moved from one bacteria kit selection to multiplex kit and then to screen for un-known, five patients showed two intracellular bacteria in one sample! *Brucella*, *salmonella* and *mycobacterium tuberculosis* are the most. Last female patient of forties who had tremor, migraine and ply aches showed *Brucella* and M.tb in her peri-scapular open biopsy a selection of muscle, connective tissue as fascia and adipose tissue are taken for the biopsy in very tiny volume in which all may reach 0.5-1.0 ml. the lab need one month to give the result, so meanwhile, I usually start treatment with the most probable causative bacteria according to clinical basis in my experience then treatment will be tailored to the results. It may be good to mention in this case tremor disappeared gradually where I gave her triple anti-neuro-Brucella antibiotics before the results say that *Brucella* is present but honestly never M. tb

was in my mind. Migraine and poly aches got less in the course.

More than 300 patients under went open biopsies. Results are encouraging, 50 patients are positive including those five with double affection (I just counted them after I taken them from my desk drawer where I keep only the positive). 50 of 300 is not real at all and not easy to summarize it in few lines for many causes related to direct and in-direct, kit source and lab, where it needs a separate issue.

Let accept that 16.6% of my patients have intracellular bacteria into their cells. What one should exit with these conclusions?

- It is un-certain when and how long the cell harbored the invader.
- Sure, as the indirect test is the abundant in percentage and the tissue taken is apparently normal completely, so the other cells everywhere and anywhere in the body having the same.
- The host cell is a slave to the invader or else it got rid of it.
- As the invader is the dominant it directs the net of host affairs to its favor.
- As cells the building units have a given function so according to conclusion number 4 this function no more become as it (the cell) designed for, this is called altered function (pathophysiology).
- The long standing presence of the invader into the host (we are talking about invader cell which is bacteria and the host is our cell) make slow molecular interaction between both cytoplasm and other organelles. Interaction between proteins and purines of both, in a manner not should be seen by us as in chemical lab flask. The yield of this interaction is a smart change, making the bonding what is the principal link between them with minimal structural apparent alterations. These bonding's are similar to that of Van Der Waals forces where govern the atoms and molecules of the matter to give its scheme and hence the functional properties. Mathematically our cell has an equation for its structure and function A, the invader cell is so B, summation of the two gives another, $A+B=C$ where C is neither A nor B. biologically a special kind of interpretation shows that it is not C rather than it is A', where A and A' are similar apparently or with minimal phenotypic features as well genotypic which we call the later as mutation.

- This 'A' which is our cell that was produced by invader-host interaction has an altered function. In clinical medicine alteration in function is a disease! All our tissues specialized or not are made of cells in different, sum of tissues form organs the sum of organs for the systems like alimentary tract (gastro-intestinal), cardio-vascular and so. The open biopsy taken by me from peri-scapular region contains muscle, fascia as a connective tissue and adipose tissue. In lab they will be mixed to look for forging DNA. So it dese not stress on what tissue or precisely which type of cell harboring this invader! However sometimes I take muscle only and in direct biopsies from the diseased target is a single type of cells as what happened in nucleus pulposus biopsy and annulus fibrosus biopsy for the same patient checked separately and the result was M.tb in both.
- If widen the range of cell screen for invaders which in my current work is bacteria, postponing viruses, fungi and parasites, we find more percentage of affection nearly to be 100% this fact is the same everywhere in the globe.
- From the above we conclude that cells, the structural and functional units are apparently sound only, we do not need to fix our mind that infection or infestation should be acute wit its five cardinal features redness, swelling, pain, tenderness and loss of function, here we face and meet the last feature which is loss of function or modulation of the function in a sub-acute or sub-clinical infectious inflammation.
- Advancement of what given above is the cellular structural change which can be patronized in two patrons; first, as the apparently normal cell 'A' got altered function in certain magnitude this will affect organs or its target cells like in cells produce growth hormone when become 'A' cells with altered function which is either more or less or even altered molecular kind of growth hormone making the cells that growth hormone work on affected to produce giantism of acromegaly. The change in growth hormone target cells is ultra-structural and histo-pathological changes. The examples are as that sum as the clinical disease sum. Or as secondly; the invaded cells as harboring the invader for long time (several tens of years or may be less than tens) this bonding forces we talked about earlier bring the molecules in a new structure as in osteo-arthritis for instance, it need more studies on sub-cellular level.
- It is so hard and difficult to decide which one is the valid in the previous conclusion step. It may be both in a time the open biopsy refers that the finding should be positive in all kind of cells, that's to say if *Brucella* was found in the open tisshe biopsy from the peri-scapular region mixture of muscle, fascia and adipose tissue it should be found in any other type of cells in different sites of the body whatever the type of tissues examined their cells for the *Brucella* presence. For that further work is needed to reveals this point.
- For that our cells may exhibit mosaicism of affection and hence in response to certain variant with some active modulators properties like COVID-19 which act as bacteriophage on the bacteria inside our cells to multiply and give its influence on altered cells.
- Here the explanation to what we face form the whole play of COVID-19 where what we witness is not free play of actors rather than they lead from behind the scene.
- That means we have to free our cells from the terrorists invaders which are the intra-cellular bacteria to short cut the route on what colonized the terrorists themselves to multiply. If we talk in simple, intra-cellular bacteria act as a colony for the viruses to multiply, our cells are the battle field which will bear the ill-effect (viral clinical diseases).
- This is the general basic rule for the other viral pathologies in our body.
- I got tiered to insert some lab forma showing the results of intra-cellular presence in our cells, for those interested can go to my other works.

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