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• **Conflict of Interest:** FMTVDM issued to first author. FMTVDM will be made available for use by first author in this pandemic without cost with NDA.

A War on Two Fronts – Our Current Problem Finding and Treating the Enemy and an opportunity to learn from our mistakes.

Coronary artery disease (CAD) and Cancer have been the #1 and #2 cause of death since the introduction of penicillin (PCN) for the treatment of bacterial infections. Prior to Fleming's discovery of PCN, infectious disease was the # 1 cause of death worldwide. Only recently have we been reminded of the ferocity of viruses.

The role of infectious diseases worsening inflammatory tissue changes, resulting in CAD and cancer, was laid out in the mid-1990s, with subsequent studies demonstrating that successful treatment of pathogens would reduce the extent of CAD, resulting from the increase in inflammation caused by the infection [1-3]. Herein lies one of the fundamental reasons for the increased morbidity and mortality of CoVid-19 – lack of actual effective treatment for the inflammatory invader.

The similarities between CAD, Cancer and infections – including the current CoVid-19 pneumonia (CVP) pandemic – goes beyond mere etiology. They share a common problem with diagnosis and treatment monitoring. As with any medical problem, mere screening of disease does not guarantee accurate sensitivity and specificity – and more importantly, such screening tests, including PCR, does not tell us what the outcome of the infection is going to be [4].

The diagnosis and treatment monitoring of CAD, Cancer and CVP, share a similar fate – the need to quantitatively measure the severity and response to treatment [4,5]. The use of FMTVDM will enhance our treatment outcomes by measuring treatment responses – consequently guiding our treatments – thereby reducing deaths and expenditure of our medical resources needed by so many patients.

Until then, we will live in a world of insanity, where treatment is focused not on objective measurements of tissue changes in the lungs, but the same old practices, blood tests and measurement of oxygen saturation – that frequently tell us too late that we haven't found the right treatment and another life has been lost. We can choose either to continue doing the same old thing, or learn from our mistakes and measure the effect of treatments – and consequently guide the patient's treatment – using FMTVDM.

References:

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