

What's in the Blood?

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"We can gnash our collective teeth in frustration and angst at our political leaders and public health officials but surely the presence of these abnormalities in the blood indicates a titanic problem and hints, strongly I believe, towards a more sinister agenda. We must look and we must act on what we see."

~ Dr. David Nixon

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"For every mistake made for not doing: ten are made for not looking"

(Poster on wall at Otago Medical School circa 1987 – Author unknown)

Live blood analysis has a history longer than vaccination. It is interesting to note that proponents of both were on opposite sides of the "debate". It was the work of French scientists Antoine Bechamp and Claude Bernard and later that

of Professor Günther Enderlein that advanced the use of the microscope and challenged the medical establishment of the day. That challenge has never gone away.

Looking at blood under a microscope would seem like a fairly sensible thing to do given the significant concerns that exist amongst experienced, usually non-medically trained practitioners. Unfortunately, promoting live blood analysis as a useful and complementary modality is akin to questioning vaccine science. Don't do it. Don't do either when it comes to that.

In Australia in the early 2000's Metagenics ran training programmes for general practitioners, naturopaths and other health practitioners. Unfortunately, they stopped providing this training due to increasing compliance costs and the number of practitioners providing live blood analysis has reduced significantly.

However, in late 2022 when questioning the safety and effectiveness of a vaccine that is "safe and effective" it would seem sensible to at least have another look, especially given the increasing rhetoric "there is nothing to see here." This is of course a medical-centric comment because live blood analysis has been offered continuously for decades and many practitioners are highly experienced in providing and interpreting this investigation.

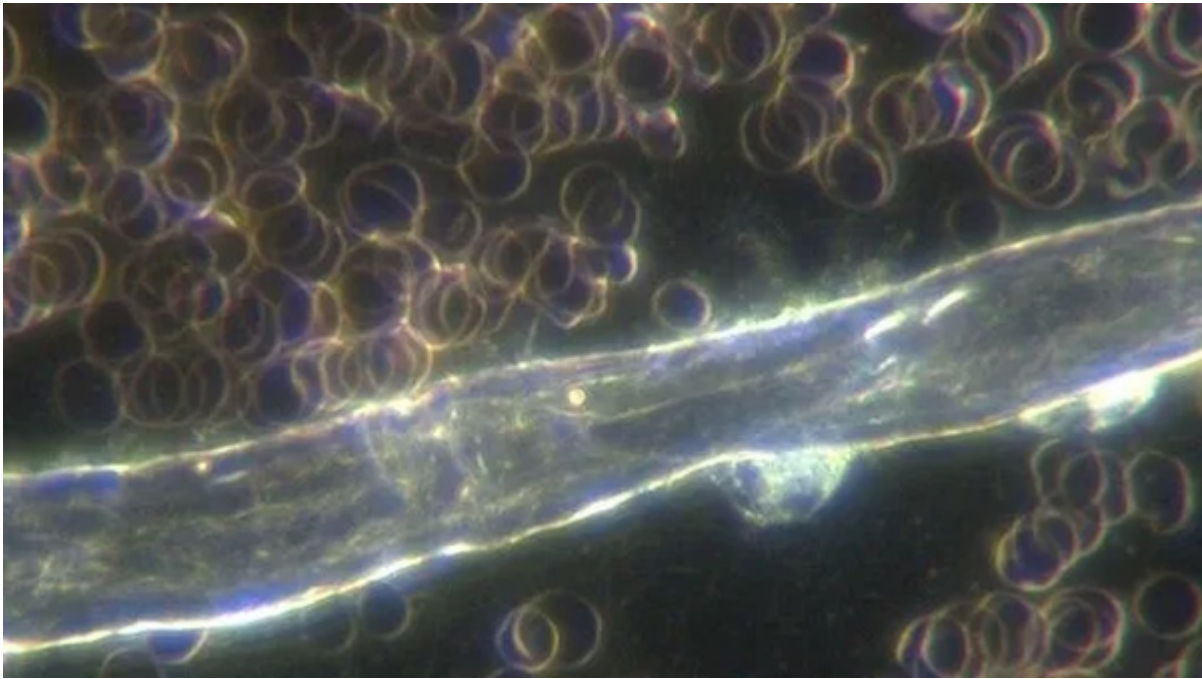
These practitioners are exceptionally alarmed about the changes and the abnormal structures that have been seen in the blood that are now visible in both vaccinated and unvaccinated patients. These structures were not seen before late 2021 – in anybody. These practitioners are increasingly marginalised from the health care machine. They do not have an effective voice. A bit like the patients that are suffering from clear vaccine related injury. It will be a historical outrage that the vaccine injured patients have been treated so poorly.

Unpublished data from a researcher in Australia has shown rouleaux and or thrombi being present >6 months after the last vaccine dose in >81% of vaccinated samples vs 16% of unvaccinated samples in a blinded analysis (n=314). One reason that this data is unpublished is because of the effort and cost required to gain ethics approval for conducting this study. Ethics approval that the current Covid-19 vaccination programme has not had to obtain.

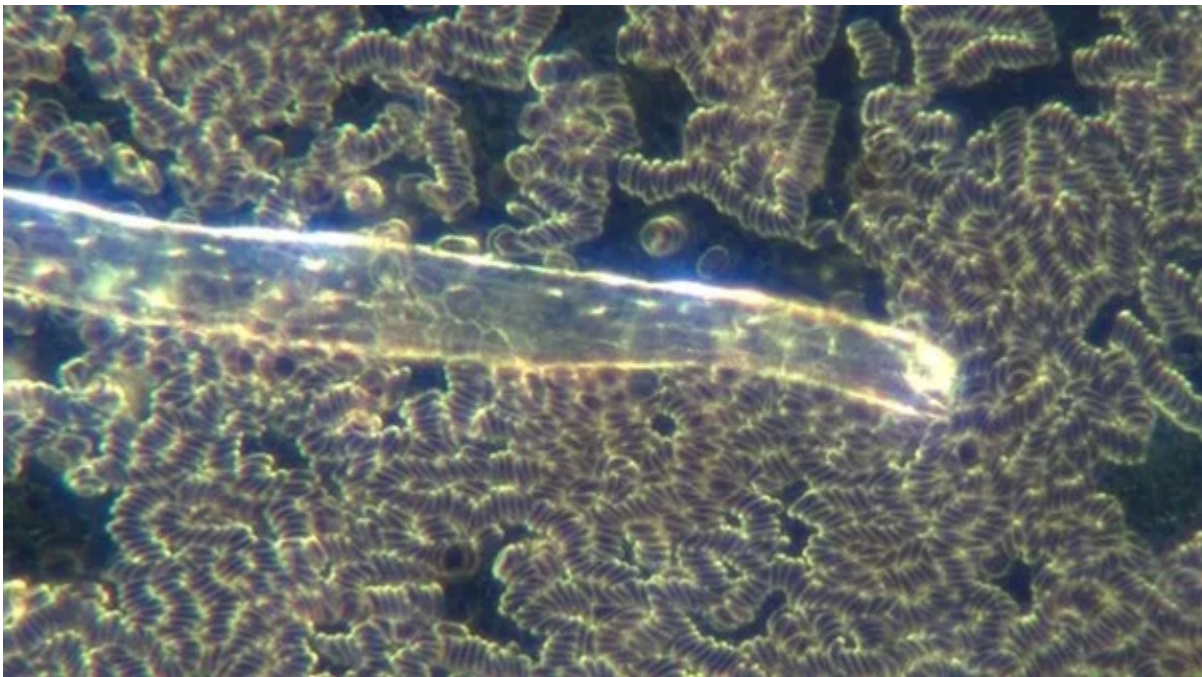
In a recently published Italian study Cipelli and colleagues noted that more than 94% of 1006 symptomatic patients within 1 month of vaccination with Pfizer or Moderna had significant abnormalities in the blood. Furthermore 12 patients were checked before and after vaccination and showed normal appearances prior to vaccination and similar changes to the the other patients after vaccination.

Similar findings to the patients in this study have been observed in blood of vaccinated patients all around the world. Typically, these take the form of red blood cell stacking, referred to as rouleaux, evidence of metabolic stress and hypercoagulability and abnormal inclusions which includes ribbons, tubular structures and crystals.

A thicker tubular structure at 400x magnification with 2 neutrophils attached.



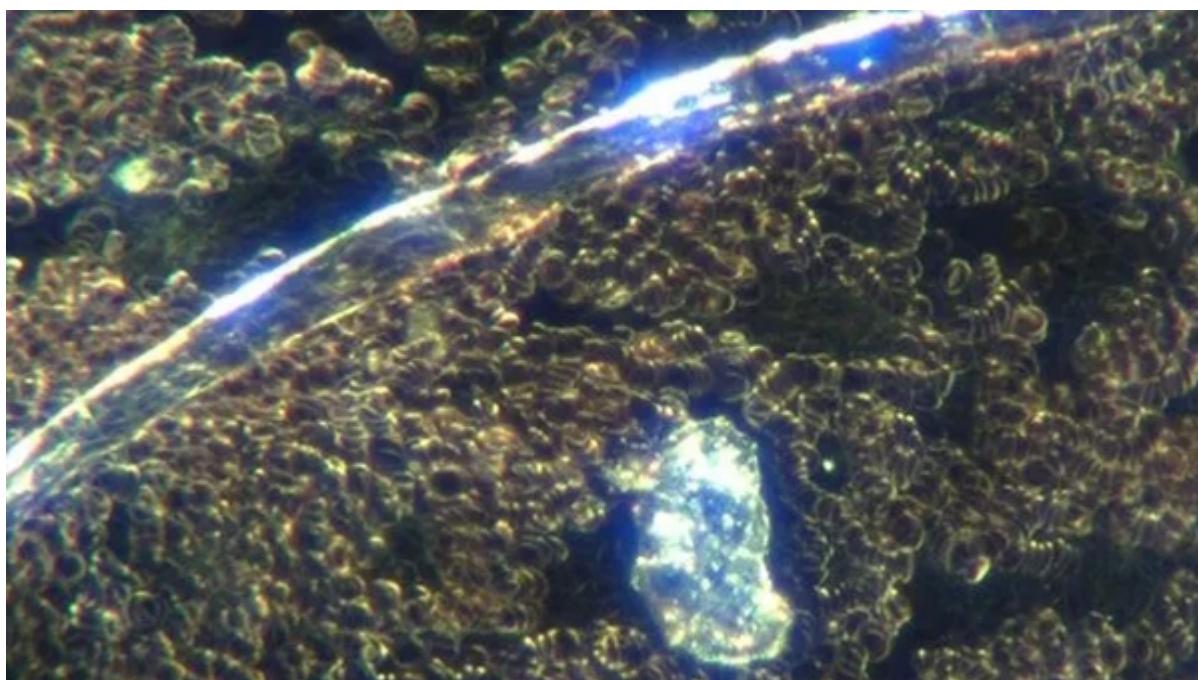
A similar structure with marked rouleaux in the background.



A large folded ribbon structure, rouleaux and fibrin deposition.



A tubular structure and crystal with blood again showing rouleaux and fibrin deposition.



We can debate the origin of Covid-19 and the subsequent global response. We can gnash our collective teeth in frustration and angst at our political leaders and public health officials but surely the presence of these abnormalities in the blood indicates a titanic problem and hints, strongly I believe, towards a more sinister agenda. We must look and we must act on what we see.

David Nixon Nov 2022

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